

ALCORN COUNTY ELECTRIC POWER ASSOCIATION

APPLICATION FOR RESIDENTIAL SERVICE

APPLICANT INFORMATION

Name: _____ Social Security #: _____

Date of Birth: _____ Phone Number: _____

Service Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Own Rent (circle one) If renting, please provide your lease agreement.

If Renting, Landlord's Name: _____ Phone: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

EMPLOYMENT INFORMATION

Current Employer: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Employer Phone _____ Fax: _____ Email: _____

Position with Employer: _____

SPOUSE'S INFORMATION

Name: _____ Social Security #: _____

Date of Birth: _____ Phone Number: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Current Employer: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Employer Phone _____ Fax: _____ Email: _____

Position with Employer: _____

ADDITIONAL INFORMATION

Name of relative not residing with you: _____

Relationship: _____ Phone: _____

(Over)

