



42020 Garstin Dr/PO Box 1547  
 Big Bear Lake, CA 92315  
 Office 800-808-2837  
 FAX 909-866-5056

## Application for Electric Service

(PLEASE PRINT ALL INFORMATION)

Start Service/Transfer Service    
  Add Name/Change Name

Effective Date: \_\_\_/\_\_\_/\_\_\_

<b>Type of Service:</b>  <input type="checkbox"/> Residential Permanent(Proof of Residency Required) <input type="checkbox"/> Residential Non-Permanent <input type="checkbox"/> Commercial(A1, A2, A3) <input type="checkbox"/> Other	<b>Proof of Residency</b> Please check two:  <input type="checkbox"/> Utility Bill Mailing Address <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> Lease Agreement(Required for Renters) <input type="checkbox"/> Certification(Signed)  <b>CPUC rules Schedule D &amp; Rule No. 3 Sheet 950-E &amp; 1094-E</b>	<b>Type of Account(For Business Only):</b>  <input type="checkbox"/> Sole <input type="checkbox"/> LLC(Limited Liability Company) <input type="checkbox"/> Corporation <input type="checkbox"/> Other
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### New Service Address

Address:		
City:	State:	Zip:
Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent		

### Previous Service Address

Address:		
City:	State:	Zip:

### Applicant

Name:		
Mailing Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Other Phone:
SSN or EIN:	Driver's License/State ID:	
Email Address:		

### Other Adult(s) on Premise

Name:		
Mailing Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Other Phone:
SSN or EIN:	Driver's License/State ID:	
Email Address:		

### Certification

**I certify that I have read and understand this application for service. In addition, that the information contained in this statement is correct and I understand that falsification of this information or material omission may result in a reassignment to a proper customer classification.**

Signature:	Date:
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### Emergency Contact

Name:	Phone:
Approved By(For Office Use Only):	