

Service Agreement

Service Location	Service ID Number	Meter Number

Lincoln County Power District No. 1 HC 74 Box 101 Pioche, NV 89043

Billing Information:

Property Information:

Enter the information as you wish it to appear on your monthly statement.

Name:	Social Security Number:	Drivers License:	Physical Address:
Mailing Address:	E-Mail Address:		Legal Description:
City:	State:	Zip:	DOB:
Do you Own or Rent:			If Renting Owner Information:
Phone Number: Home: Cell:	Work:		
Co-Applicant:	Relationship:	Social Security Number:	Name:
Phone Number: Home:	Cell:	DOB:	Address:
Co-Applicant:	Relationship:	Social Security Number	
Phone Number: Home:	Cell:	DOB:	
Date To Begin Service:			Phone

1. The District shall as soon as possible, deliver to the customer, the utility grade power for use on the premises occupied by the customer. Delivery shall be to the metering point.
2. The customer shall purchase from the District and pay monthly for all power used and shall comply with all rules, regulations, and rate schedules as set forth in the District Retail Policy.
3. The customer hereby grants the District the right to operate, repair, and maintain the electrical distribution equipment and service line located on the premises. The customer also grants the District the right to cut or trim all trees necessary to ensure the safe and reliable operation of the electrical system.
4. The District will make every reasonable effort to furnish service under this agreement. The District shall not be liable to the customer for damages or for any delay or failure in furnishing service hereunder when such delay is caused by acts of the elements or for any cause out of the control of the District.
5. All lines, facilities, and equipment attached on the line side of the meter shall be owned and maintained by the District.
6. The customer shall provide the District with a deposit of \$150.00 or an amount equal to two months highest bill, for a location, whichever is higher. Deposit requirements may be waived for customers with a good credit report.
7. The customer is responsible for all costs incurred for collection of delinquent accounts.
8. If a customer is a tenant, customer understands and acknowledges that the District may disclose, to the legal owner of the property, any information pertaining to providing service to the customer.
9. If customer is a landlord, customer understands and acknowledges that they must execute a guaranty of payment.
10. You agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or e-mails, using any e-mail address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

Customer Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Applicant: <input type="checkbox"/> I do not wish to furnish this information.	Co-Applicant: <input type="checkbox"/> I do not wish to furnish this information.
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male