Application For Service

ozarks ELECTRIC COOPERATIVE

Type of Service: ☐ Residential ☐ Commercial ☐ Barn/Shop

Service Address: _____ Service Request Date: _____

Mailing Address (if different than service address): _____

City: _____ State: _____ Zip Code: _____

Do you currently have an account and need to transfer service? ☐ Yes ☐ No

Disconnect date for service(s) at previous location: _____

applicant

First Name: _____ Middle: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Driver's License or ID #: _____

Email Address: _____

Account Number (if known): _____

co-applicant

First Name: _____ Middle: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Driver's License or ID #: _____

Email Address: _____

services

Auto Pay (Bank/Credit Card Draft)	☐	SmartPay	☐
Elderly/Handicap Assistance	☐	Paperless Billing	☐
Levelized Billing	☐	Security Lighting	☐

Applicant Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____

FOR COOPERATIVE USE ONLY

Location #: _____ Account #: _____

Utility Credit Score: _____ Deposit: _____

Ozarks Electric Cooperative Representative: _____ *(initials)*