



4831 Eagle Street
 Anchorage, AK 99503-7497
 (907) 561-1818 Ext. 5340
 FAX (907)562-0324 or
 1-800-959-0324

RESIDENTIAL SERVICE REQUEST

Date: _____ I (We) hereby request electric utility service to the premises herein described.

Name: _____ Social Security Number: _____

Spouse's Name: _____ Social Security Number: _____

Mailing Address: _____ Phone: _____

Email Address: _____ Fax: _____

Village Location if different from mailing address: _____ Lot: _____ Block: _____

Is building being relocated? Yes No If so, you need to show the "to" and "from" locations on a map

Have you had AVEC service prior to this? Yes No If so, Where? _____

Do you have life support equipment? Yes No If so, what kind? _____

Should another party be notified in case of disconnection? Yes No If so, Who? _____

Are other adults residing at this location? Yes No If so, Who? _____

Type of structure: House Apartment Trailer Other _____

Own Rent If renter, name and phone number of Landlord: _____

Prior Occupant: _____

Agency constructing the building: _____ Long Term Owner: _____

ENGINEERING INFORMATION

Date Construction Starts: _____ Finishes: _____ Date Service is needed: _____

Is Requested Service (check one): Permanent Temporary Till When ___/___/___ MM/DD/YYYY

Electric Range: Yes No Electric Portable Heater(s): How many _____ Watts _____ Amps _____

Electric Water Heater: Yes No If yes, is voltage: 120 volt 240 volt Watts: _____ Amps: _____

Electric Dryer: Yes No If yes, is voltage: 120 volt 240 volt Watts: _____ Amps: _____

SERVICE ENTRANCE SIZE:

Amps: _____ Est. Connected Load in Kilowatts: _____ Est. Yearly KWH Usage: _____

ADDITIONAL INFORMATION:

I agree, as a condition of membership, to be bound by and comply with the Articles of Incorporation and Bylaws of the Cooperative and the Rules and Regulations duly adopted pursuant therefore, including, but not by way of limitation, all rules to the payment of fees, deposits, and other obligations incidental to such membership of the purchase of electric utility service, or other goods or services. I further agree to purchase from the Cooperative all electrical service on the premises described herein and to cause the wiring of these premises to conform to the minimum standards of the Cooperative. The applicant hereby grants at no cost to the Cooperative a right-of-way easement to construct, operate, and maintain electric lines or system on the land where service is requested and in or upon all streets, roads, or highways abutting said land, necessary to furnish electric service to the applicant and others in the immediate area.

X _____ X _____
 Signature of Applicant NOTE: Application must be signed. Name of Firm or Agency Distribution map must be returned.

HEADQUARTERS USE ONLY

WOR # _____ ACCOUNT # _____ CLASS _____

WO # _____ LOC # _____ RATE: _____