

# GLENWOOD SPRINGS ELECTRIC SYSTEM

# Electric Service and Credit Application

Date of Application:     /    /    

101 W. 8th Street  
Glenwood Springs, CO 81601

Applicant's Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner of property if different from above: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## OFFICE USE ONLY

Service Connect Date:     /    /    

Deposit Number: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Deposit Date:     /    /    

Credit Letter: \_\_\_\_\_ Due By:     /    /    

Service Disconnect Date:     /    /    

Deposit Refund Date:     /    /    

Fax (970) 945-2597

Have you previously received electric service from Glenwood Springs Electric? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide location and dates of service: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

### OPTIONAL:

Third party notification, or person to contact in case of emergency or disconnect notification:  
(Must be signed by third party)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. \_\_\_\_\_

Signature: \_\_\_\_\_

I understand that electric energy will be provided in accordance with the most current rules and regulations of the City of Glenwood Springs Electric System. The rules and regulations are available for review at the office of the Electric Utility Board or the City Clerk's office. I hereby agree to pay promptly for electric service for which I am billed and further agree that my service may be terminated after notice of failure to make such timely payments. I also understand that service may be disconnected and I may be liable to criminal proceedings for tampering with the meter measuring my service or for theft of electrical energy. Also I understand that I will be required to pay a reconnect fee and possible additional utility deposits before service is reconnected and that on referral of my account for collection, I will be liable for payment of all reasonable collection costs, including court costs and attorney fees.

Signature: \_\_\_\_\_ Date:     /    /