



RESIDENTIAL APPLICATION FOR UTILITY SERVICE

All information must be completed for service to begin. Everyone living at the service address over the age of 18 must be included on the application, excluding dependents. All occupants must supply valid ID and full information requested. Completed applications can be returned by **EMAIL:** accountinfo@mleainc.com; **FAX:** 435-722-5466; **MAIL:** PO Box 278, Roosevelt, UT 84066 or **visit one of our offices.**

Are you or have you ever been an existing member of Moon Lake Electric? Yes No

Service Start Date: _____

Occupant is the: Owner Renter

Primary Applicant: *Excluding dependents, persons 18 years of age and older, living at this residence, are required to fill out, and sign this form.*

(Please print)

Legal Last Name: _____ First: _____ Middle: _____

Mailing Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Service Address: _____ Meter #: _____

Email: _____ YES, to receive electric bill via email

Home Phone: _____ Cell phone: _____ SSN: _____

Type of ID: Driver's License/State ID or Passport

ID #: _____ State/Country Issued: _____ Tribal FB #: _____

Employer: _____ Work Phone: _____

We will use the Primary Phone Number on the account for voicemail, text messages, and/or auto dial reminder & outage calls.

Spouse/Co-Applicant: *Excluding dependents, ALL persons 18 years of age and older, living at this residence, are required to fill out, and sign this form.*

Legal Last Name: _____ First: _____ Middle: _____

Home Phone: _____ Cell phone: _____ SSN: _____

Date of Birth: _____ (mm/dd/yyyy) Type of ID: Driver's License/State ID or Passport

ID #: _____ State/Country Issued: _____ Tribal FB #: _____

Employer: _____ Work Phone: _____

Emergency Contact: In case of an emergency who should we contact? Someone not living at this service address.

Contact Name: _____ Relationship to Primary: _____

Address: _____ Phone #: _____

AUTHORIZATION FOR INFORMATION DISCLOSURE

I, _____, authorize Moon Lake Electric Association, to provide account billing information with Landlord and/or Ute Tribe Administration, upon request.

Signature

Date

Landlord Name

Landlord Phone Number

Payment Options

Auto Payment: Funds will be transferred electronically from your bank account, or charged to your credit card.

Yes, **Bank Account** draft, enrollment form is required.

No, I decline both Auto Payment options.

Yes, **Credit Card**, Enrollment form is required.

Telepay (435) 722-5400: Available M-TH 7am to 5:30pm (March-November) or M-F 8am to 4:30pm (December-February), you may pay your Moon Lake Electric bill over the telephone using a debit /credit card or check. No additional fees for this service.

Office Cashier/Drive-Thru: We have a cashier at each of our office locations (Roosevelt, Duchesne & Rangely). For additional convenience, we have a Drive-Thru option at our Roosevelt office located at 800 W. HWY 40. No additional fees for these services.

Online Bill-Pay: Go to our website at www.mleainc.com, Pay Bill/Bill Info, Pay Bill. Login using your User ID/Account Number, and password—or create a New User. No additional fees for this service.

Mobile App: We have an easy to download mobile app for smart phones; search for MLEAINC, and download on iOS 7 or later, or Android phones. No additional fees for this service.



To view these and other programs we have to offer to our Moon Lake Electric members, visit our website at www.mleainc.com.

Is any resident in this home requiring a **Life Support Form**? Yes No **Name:** _____
Name of individual who requires Life Support

If at ANY time a member of household requires a Life Support Form please notify our office immediately!

The completed application along with a Deposit or an in-office Utility score must be received before service can be started. Service orders for new services will be completed by the next business day. **A membership charge of \$10.00 will appear on your first statement.**

The Association will endeavor to furnish continuous service but does not guarantee uninterrupted service and is not liable for any damage which the member may sustain by reason of the failure or partial failure of the power, failure or reversal of phases, or variation in service characteristics whether caused by accident, repairs, storms, or incurred by the use of any service wiring, connection, instruments, service or appliances installed by or for the member; nor is the Association liable for damages that may be incurred due to the presence of the Association's property on the member's premises. In the case of three phase service required by the member, the installation and maintenance of adequate relays with circuit breakers to protect against single phase conditions and phase reversal are desirable and their installation and maintenance is the responsibility of the member.

It is agreed that all bills will be paid when due. Failure to do so will result in disconnection of service.

I agree to pay all reasonable attorney's fee and other costs of collection after default and referral to any attorney.

I certify that the information I have provided is true and accurate and any false statement made constitutes reason for immediate disconnection.

I understand that this information may be provided to local government agencies on request.

I hereby request electric service from Moon Lake Electric Association, Inc., and herewith make application for membership in said Association. I agree to purchase electric energy from the Association. I agree to be bound by the Articles of Incorporation, the By-laws and amendments thereto, and such Rules and Regulations as may be adopted from time to time by the Board of Directors, **including providing access to the premises for the purposes of maintaining service and taking meter readings. I agree that in order to maintain and/or restore electrical service, trees on my property interfering with overhead power lines may be trimmed at the discretion of Moon Lake Electric.**

Each Account Holder Must Sign This Form

Primary Name: _____ Signature: _____

Co-Account Name: _____ Signature: _____

Co-Account Name: _____ Signature: _____

Co-Account Name: _____ Signature: _____

For Office Use Only

Service Classification: New Service Existing Relocate Temporary Today's Date: _____

Account #: _____ Utility Score: _____ Deposit Amount: \$ _____

Deposit Info: Payments: Yes No **OR** Paid In Full: Yes No Posted on SO: Connect Fee Deposit

Staking Fees: \$ _____ Date Paid in Full: _____ (mm/dd/yyyy)

Service Beginning Date: _____ (mm/dd/yyyy)

Employee Initials: _____