

P.O. Box 220 Summerdale, AL 36580-0220 (251) 989-6247 (800) 837-3374 www.baldwinemc.com

## **Electric Service Information Form**

Please provide the following information as completely as possible. If we are uncertain of any details, we will attempt to contact you by phone for further information. The attached Application for Membership and for Service must be completed in full and signed by the applicant. Baldwin County Electric Membership Corporation makes this information form and application available for the convenience of our customers. We will not be responsible for providing electric service if the information given is incomplete or inaccurate. All documents must be completed and signed by the applicant and returned to Baldwin County EMC with applicable permits, fees and deposits.

Daytime Phone #	Email address (optional)
Check one: □ New Service □ Existing Service	If Existing - Meter #
Requested Date of Service, if Existing Meter	
□ Barn or Garage □ Retail Store □ Restaurant □	□ RV Park Lot □ Temporary Service □ Water Pump Motel/Hotel □ Church □ Sign □ Outdoor Lighting
Does this location have a 911 address?  □ No - Street Name	□ Yes - 911 Address
Building / Condo Name	Apt. #
	ervice?   No Yes If Yes, please enter the name of the
Driving Directions	
*Existing Outdoor Light? □ Yes □ No	If Yes: □ Leave light on □ Turn light off If No: □ Install light (installation fees may apply)
*Monthly charges for an outdoor light range from \$ website, or by calling our customer service department.	67.70 to \$13.50 per month. More information is available on our ment at (800) 837-3374 or (251) 989-6247.

## Return this form and completed application to Baldwin EMC

Summerdale, AL 36580

Or deliver to one of our offices:

Summerdale (Headquarters) 19600 State Highway 59 Summerdale, Alabama North Baldwin 47525 State Highway 59 Bay Minette, Alabama South Baldwin 21801 University Lane Orange Beach, Alabama

## BALDWIN COUNTY ELECTRIC MEMBERSHIP CORPORATION APPLICATION FOR MEMBERSHIP AND FOR SERVICE PARTNERSHIP OR CORPORATION

		PARTNEI	RSHIP OR	CORPORATION			
Mei	mbership Name			Fed. I.D. No	•		
		(Legal Name Only)		Business Phone			
Bill	ing Address	Box, Street, Etc.					
	Route, I artnership - Name and Address of			wn or City	State	Zip	
11 1	armership Traine and Padress of	("O (2).	pe of Basiness				
	Name		Address				
	Name	31	Address				
If C	Corporation - What State	W	nen	Type of Busi	ness		
	President		_ Address		414004		
	Vice President		_ Address			-	
	Sec. Treas	- <del>1</del> -	_Address				
	Manager		_ Address				
Hav	ve we served you before? If Yes, W	/hen		If No, Who			
If re	enting, Name and Phone Number	of Landlord					
	above (hereinafter called the "Ap inty Electric Membership Corpora				,		
1.	The Applicant will pay to the Coopera	•	0	•			
2.	The Applicant will, when energy beco premises at rates to be determined fro when rendered. The individual signin liable for all debts of the Applicant in	omes available, purchase om time to time in accord g this application in a re curred pursuant to this n	from the Cooper lance to the By-Lepresentative cap nembership.	ative the electric energy u aws of the Cooperative an acity agrees that he (in hi	ised or agreed upon if other s ad understands that electric s s individual capacity) shall b	sources are used on the service charges are due se jointly and severally	
3.	In the event that it shall become neces ship then the Applicant agrees to pay						
4.	The Applicant will cause his service e	-					
5.	The Applicant will comply with and be regulations as may from time to time	oe bound by the provision be adopted by the Coope	is of the Certifica	ate of Incorporation and t	he By-Laws of the Cooperati	ive, and such rules and	
6.	The Applicant, by paying a membersh the Cooperative, and it is expressly un						
7.	The Applicant agrees that a pole or placed on the premises so as to best retemployees of the Cooperative shall hat the Cooperative remains on said prem	nder servicê to the Applica we the right to ingress an	ant and that own	ership of such constructio	n shall be vested in the Coope	rative. Also agrees that	
8.	For value received, I/we, the undersig ated with the account identified above interest, costs and attorney's fees. The exceed 15% of the amount due. The unoccurrence, and that Baldwin EMC magainst any other party.	, including without limita e undersigned further ag idersigned further agrec(	tion all charges f rec(s) to pay all s) that Baldwin E	or electrical service, instal costs of collection, includ MC is under no duty to pr	lation charges, maintenance c ing a reasonable attorney's fo ovide the undersigned with n	charges, line extensions, see in an amount not to otice of default or other	

THE FACTS SET FORTH ABOVE **IN** MY APPLICATION FOR SERVICE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

a para de la Participa de la Carta de la C	Signature of Partner or Office	Date	Date		
	Print Signature Name	DO NOT WRITE BELOW THIS LINE	Official Title of Signee		
Member/Account No		Deposit Am	ount		