



APPLICATION FOR UTILITY SERVICES

Service Required: Electricity Natural Gas

Turn-On Date: _____

Please Check One: Residence Business Municipal Federal

Owner Tenant / Lessee

Deposit Amount _____

Deposit will be billed to your first bill

NAICS Industry Code _____

Please note: Request will be completed within three (3) working days of receipt. No service connections will be made on Saturday, Sunday or holidays. Access to the main breaker and/or gas must be unobstructed (i.e. locked gate, shrubs, dog).

The following information is required to establish service:

Name to appear on account: _____
(Please Print)

Service Address: _____

Mailing/billing address: _____

Telephone: _____
(Home) (Cell) (Office) (Fax)

E-Mail: _____

Previous address: _____

How Long? _____ Was utility in your name? Yes No

SSN or TAX ID _____ Driver's License : _____ State: _____

Employer: _____ Address: _____

(A credit check may be necessary to establish credit. The amount of the deposit is calculated on the estimated average (residential) or maximum (commercial) monthly usage. This deposit will be refunded after one year of satisfactory monthly payment of your utility bills with Island Energy.)

Name of spouse or partner / Contact Person: _____

Address / Phone Number _____

Signature: _____

I hereby request electrical and/or gas service at the above address, and agree to pay for this service in full on a monthly basis at the rates prescribed by the tariffs now in effect or hereafter enacted, until I notify Island Energy in writing to discontinue the service. Tariffs Applicable to Island Energy: The gas and electric Tariffs and Rate Schedules applicable to Island Energy utility services are available for viewing at our office upon request. They are also available on our internet website at www.islandenergy.com.