



# PUBLIC UTILITY DISTRICT NO. 2 OF PACIFIC COUNTY

405 Duryea Street  
P.O. Box 472  
Raymond, Washington 98577  
(360) 942-2411 FAX (360) 875-9388

9610 Sandridge Road  
P.O. Box 619  
Long Beach, Washington 98631  
(360) 642-3191 FAX (360) 642-9389

<b>RESIDENTIAL APPLICATION</b>		Check one:            RENT            OWN	
Please complete this form, print, SIGN, and send to us WITH AN ENLARGED LEGIBLE COPY OF YOUR PHOTO ID OR DRIVERS LICENSE. Questions? Call us! If service connection is requested the same day as application is returned, call our customer service department prior to 5:30 to verify receipt of application. In some cases same-day connection may not be available.			
Service Address		City	
Name		Home Phone	
Mailing Address		Cell Phone	
City		Social Security Number	
State	Zip Code	Date of Birth	
Email Address		Drivers License No.	State
Employer		Employer Phone	
Dog(s) at this location?            YES            NO		Key Required for this location?            YES            NO	
Additional Responsible Party (If Applicable)		Relationship (Spouse, Roommate, Other?)	
Social Security Number		Cell Phone	
Date of Birth		Email	
Drivers License No.	State	Employer	
Nearest Relative not living with you		Phone	
<p>I, _____, applicant of legal age, hereby make application for electrical service at _____ effective date of _____ from PUD No. 2 of Pacific County, Washington, subject to all of the provisions of the District resolutions establishing service policies and rates, which are by this reference incorporated into and made a part of this application. This application, when accepted by the District, becomes a contract committing the Applicant/Customer to pay for the electrical service furnished in accordance with the applicable rate schedules, including minimum charges, and for any unpaid service and charge previously rendered to the Applicant/Customer by the District.</p> <p>In the event of breach of this contract by Applicant/Customer, Applicant/Customer shall be liable for the damage or loss suffered by the District.</p>			
Applicant Signature		Other Responsible Party Signature	Date
<p><b>Security Deposit:</b> A security deposit may be required on new accounts. The above signature(s) authorizes the District to perform a soft credit hit to determine deposit requirements. If it is determined that a security deposit is not required at the time of application but payment history becomes unsatisfactory at any time, a security deposit may be required.</p>			
<b>Account Service Charge:</b> \$25.00- Billed on your first statement		Deposit Required _____ Amount Paid _____ Amount Billed _____	
<b>PLEASE COMPLETE THE FORM, PRINT, SIGN AND RETURN WITH LEGIBLE COPY OF YOUR PICTURE ID</b> <b>Receipt of this form will be verified by a follow-up call from the PUD. If you do not hear from us within 2 business days please call our Customer Service Department. Please be sure to include your contact phone number!</b>			
Customer Service Representative Signature			Date