Notarized Application Contract With

PUBLIC UTILITY DISTRICT NO. 1 OF CLALLAM COUNTY

I, _____ _____
Print Name Spouse/Co-Tenant Print Name

_____ _____
Sign Name Spouse/Co-Tenant Signature

Hereby make application for Electric ☐ Water ☐ and/or Sewer ☐ service(s) from Public Utility District No. 1 of Clallam County, Washington at _____, subject to all the provisions of District Resolutions establishing service policies and rates, effective: _____

With Customer(s) signature and acceptance by the District, the application becomes a contract committing the Customer(s) to pay for utility services at the above location or any location served hereafter at the applicable and established rates and minimum charges and for any unpaid services previously rendered to the Customer(s) by the District, and to be governed by the policies and Resolutions of the District which includes providing safe access to PUD property by PUD employees as required. Breach of contract by the Customer(s) shall obligate the Customer(s) for all loss suffered by the District by reason thereof.

STATE OF _____)
) ss.
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20 _____.

_____
NOTARY PUBLIC in and for the state of _____.
My appointment expires on _____.

Accepted by:

_____
(PUD #1 Representative)

____/____/____.
Date

CUSTOMER INFORMATION

Effective Date: _____

SERVICE ADDRESS: _____

SITE-BUILT HOME?: _____ MANUFACTURED HOME? _____

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (H): _____ PHONE (C): _____

EMPLOYER: _____

BUSINESS PHONE: _____

DISTRICT USE ONLY

FEES: ELEC _____
WTR _____
DEP _____
TOTAL _____

FOR THE SAFETY OF OUR FIELD PERSONNEL

DO YOU HAVE DOG(S) / ANIMAL(S)? Y/N _____

NAME(S) OF DOG/ANIMAL _____

BREED OF DOG/TYPE OF ANIMAL _____

TWO PIECES PERSONAL ID
ONE MUST BE GOVERNMENT-ISSUED PHOTO ID

CUSTOMER IDENTITY INFORMATION:

SOCIAL SECURITY NO: _____

DRIVER'S LICENSE: _____ _____
STATE NUMBER

DATE OF BIRTH: _____

*MILITARY ID: _____

*PASS PORT/GREEN CARD: _____

*NATIVE AMERICAN ID: _____

SPOUSE OR CO-TENANT NAME: _____

PHONE (H): _____ PHONE (C): _____

SOCIAL SECURITY NO: _____

DRIVER'S LICENSE: _____ _____
STATE NUMBER

DATE OF BIRTH: _____

*MILITARY ID: _____

*PASS PORT/GREEN CARD: _____

*NATIVE AMERICAN ID: _____

WHO IS THE OWNER OR PROPERTY MANAGER? _____

CONFIDENTIAL INFORMATION TO BE SECURED THEN SHREDDED

*** Not required if providing Social Security Number and Driver's License information.**