

CONTRACT-APPLICATION FOR RESIDENTIAL ELECTRIC SERVICE
WESTERN CAROLINA UNIVERSITY-ELECTRIC RESALE DEPARTMENT
CULLOWHEE, NC 28723

828/227-3111 or 3109 FAX NO. 828-227-7119

\$25.00 CONNECT FEE \$25 NEW SERVICE FEE (SEE FEES ON RATESCHEDULE)

APPLICANT: (HAVE SIGNATURE NOTARIZED BELOW IF NOT SIGNED IN PRESENCE OF WCU UTILITY DEPARTMENT EMPLOYEE)

Name: _____ Social Security No: * _____
Birthday: _____
Mailing Address: _____ Home Phone No: _____
Driver's Lic. No: _____

Permanent or Previous Address: _____ Employer: _____
Bus. Ph. No: _____

Applicant's relative or nearest contact person (not living with you) who will always know your address:

Contact's Name: _____ Relationship: _____
Contact's Address: _____ Phone No: _____

You may be required to post a deposit, based on estimated electrical usage, to secure service until a suitable payment history is established or as security to pay your final bill. If the deposit is held for more than three months, it will earn interest at 8% per year from the beginning of the fourth month until the deposit is applied to your final bill or refunded. [Deposit Amount: \$ _____]

Have you had electric service in your name from WCU's Utility Department? Yes [] No []
If yes, where? _____ Dates: From: _____ To: _____

Do you own the building and/or property to be served? Yes [] No []. If you recently acquired the building, who was the previous owner? _____ (please provide our department with a copy of your deed so that our files properly show you as the owner.)

If this application is for a new service, easements (right of ways) may be required for line construction.

LOCATION OF SERVICE:

Property Owner's Name: _____ Apt. or Trailer No. _____
Location of Dwelling: _____
Prior Occupant's Name: _____ Electric Meter/Account No. _____

CERTIFICATION:

I, the undersigned, certify that all of the information on this form is true and complete to the best of my knowledge. I further agree to accept financial responsibility for utility services** rendered at the above described location beginning (date) _____ and adhere to the rules and regulations which are incorporated herein by reference. Financial responsibility continues until written notification to discontinue service is received by WCU Utility Department. I understand that utility service may be discontinued for nonpayment of charges for services rendered and agree to remit payment for services within the time allowed by the WCU Utility Department and the North Carolina Utility Commission.

WITNESS

APPLICANT'S SIGNATURE

(SEAL)

DATE

I, _____, a Notary Public of _____ County, _____ State, certify that _____ (applicant) appeared before me and acknowledged the foregoing execution.

Commission Expires: _____

Notary Public

*Your social security number is being provided to the Western Carolina University Utility Department to be used externally as a requirement of the Set-Off Debt Collection Act as authorized by General Statute Chapter 105A. It will also be used internally only as a personal identifier for the record keeping and data processing operations of this department. ** (Electric, Night Light as applicable)