



Residential Application

Please fill in this form, print, SIGN, and send to us WITH AN ENLARGED LEGIBLE COPY OF YOUR PHOTO ID OR DRIVERS LICENSE. Questions? Call us at (360) 532-4220 or 1-800-562-7726. If service is requested the same day as application please call the customer service department prior to 4:00pm to verify receipt of application.

Service Address		City	Effective Date
Name		Phone	
Mailing Address		Cell Phone	
City	State	Zip Code	
Drivers License Number	State	Date of Birth	
Employer	Social Security Number	Email Address	
Work Address		Work Phone	
Other Responsible Party	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Roommate <input type="checkbox"/> Other	Social Security Number	
Drivers License Number	State	Date of Birth	
Employer	Work Phone		
Nearest relative not living with you			
Relationship		Phone	
Address			
City	State	Zip Code	

I _____, applicant of legal age, hereby make application for electrical service at _____, effective date of _____ from P.U.D. No 1 of Grays Harbor 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 charges previously rendered to the Applicant/Customer by the District.

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.

Applicant Signature	Other Responsible Party Signature	Date
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Security Deposit: A security deposit may be required on new accounts. 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.

Account Service Fee: \$20.00 - Billed on your first statement.

Deposit Required _____	EST <input type="checkbox"/>
Amount Paid _____	STAMP <input type="checkbox"/>
Amount Billed _____	

PLEASE COMPLETE THE FORM, PRINT, SIGN AND MAIL IT WITH LEGIBLE COPY OF YOUR PICTURE ID TO: GHPUD CUSTOMER SERVICE, P.O. BOX 480, ABERDEEN, WA 98520, FAX IT TO GHPUD AT (360) 538-6400, EMAIL IT TO: CUSTOMERSERVICE@GHPUD.ORG, OR BRING IT TO ONE OF OUR OFFICES.

Receipt of this form will be verified by a follow-up telephone call from the PUD. If you do not hear from us in 2 working days please call our customer service department at 360-532-4220 or 1-800-562-7726

Customer Service Representative Signature	<input type="checkbox"/> Office <input type="checkbox"/> Mail <input type="checkbox"/> Fax	Date of call
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Please be sure to include your contact phone number!