

RESIDENTIAL SERVICE AUTHORIZATION Agents Request

PLEASE TYPE OR PRINT

Previous Customer of Record (if known):						
Service Address:			Date	_ Date Service is Required:		
Applicant(s) accepts responsibility for payment of utility service(s) at rules and regulations specifically relating to the purchase and sale o authorizes Liberty to verify all information on this authorization form.	f said service(s	•				
Please contact your local customer business office at least three (3) will be responsible for all charges that may incur.	working days i	in advance to	stop your s	ervice(s), otherwi	se the monthly billing will continue in your name and you	
If this address has Outside Lighting Service, do you want it on?	Yes		No			
Is anyone in the household elderly or disabled?	Yes		No			
Do you have a dog on the premises?	Yes		No			
				E METER(S) AT	ALL TIMES	
Please establish electric service for the fo	•		` ,			
Customer's Name:						
Social Security #:	Driver's License #:					
Home Phone #:Date	Date of Birth:E-mail Address:					
Mailing Address:						
City:				e:	Zip Code:	
Employer:			Wo	rk Phone #: _		
Co-Applicant Name (if applicable):						
Social Security #	Driv	er's Licer	nse #:			
Customer(s) is (check one):	☐ Owner ☐			enant		
I am the authorized agent and I am acting in the	ne custom	er's beh	alf.			
Agency Business Name:				Phone #:		
Agent's Name (please print):						
Agent's Signature:						
FOR LIBERTY UTILITIES USE ONLY						
Date Order Entered:			Emp.	Initials/ID #:		

Phone #: 800.782.2506

South Lake Tahoe Fax #: 530.544.4811 North Lake Tahoe Fax #:530.581.0341