



# RESIDENTIAL SERVICE AUTHORIZATION

## Business Name

\*\*\*PLEASE TYPE OR PRINT\*\*\*

Previous Customer of Record (if known): \_\_\_\_\_

Service Address: \_\_\_\_\_ Date Service is Required: \_\_\_\_\_

Applicant(s) accepts responsibility for payment of utility service(s) at the rates and charges contained in the utility company rate schedules and agrees to abide by the utility company rules and regulations specifically relating to the purchase and sale of said service(s), a copy of which is available for review at any company customer business office. Applicant(s) authorizes Liberty to verify all information on this authorization form.

To apply for Residential utility service using a Business Name the following items must be submitted:

- 1. Residential Service Authorization – Business Name form
- 2. Copy of Business License (if not available, a copy of the Business License application and paid Business License application receipt may be provided).

Please contact your local customer business office at least three (3) working days in advance to stop your service(s), otherwise the monthly billing will continue in your name and you will be responsible for all charges that may incur.

If this address has Outside Lighting Service, do you want it on?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is anyone in the household elderly or disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a dog on the premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

APPLICANTS AGREES TO PROVIDE ACCESS TO THE METER(S) AT ALL TIMES

### Please establish electric service under the following business:

Business / Entity Name: \_\_\_\_\_

Type of Business / Entity: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ and/or Social Security #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Customer(s) is (check one):  Owner  Tenant

### I am the authorized agent and I am acting in the business's behalf.

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 #: 530.546-1017