

## RESIDENTIAL SERVICE AUTHORIZATION Agents Request

\*\*\*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 rules and regulations specifically relating to the purchase and sale of authorizes Liberty to verify all information on this authorization form.		•					
Please contact your local customer business office at least three (3) will be responsible for all charges that may incur.	working days ir	n advance to	stop your se	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				
Please establish electric service for the fo				E METER(S) AT	ALL TIMES		
	•		` ,				
Customer's Name:							
Social Security #:	Driver's License #:						
Home Phone #:Date	Date of Birth:E-mail Address:						
Mailing Address:							
City:			State	e:	Zip Code:		
Employer:	Work Phone #:						
Co-Applicant Name (if applicable):							
Social Security #	Drive	er's Licer	nse #:				
Customer(s) is (check one):	☐ Owner			enant			
I am the authorized agent and I am acting in th	e custome	er's beha	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