



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: _____

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Date Order Entered: _____ Emp. Initials/ID#: _____

Phone #: 800.782.2506
 South Lake Tahoe Fax #: 530.544.4811 North Lake Tahoe Fax #: 530.546-1017