



AHA MACAV POWER SERVICE

(A Chartered Utility of the Fort Mojave Indian Tribe)

APPLICATION FOR SERVICE



HAS PREMISES PREVIOUSLY BEEN SUPPLIED WITH ELECTRIC SERVICE: () YES () NO

TYPE OF SERVICE: () RESIDENTIAL () COMMERCIAL TYPE: _____

DATE: _____

CUSTOMER(S) NAME: _____

SERVICE LOCATION: _____ DATE SERVICE REQUESTED: _____

CITY, STATE, ZIP: _____ Home Telephone #: _____

BILLING ADDRESS: _____
(If different from service address)

CITY, STATE, ZIP: _____

EMPLOYER NAME: _____ Work Telephone #: _____

EMPLOYER ADDRESS: _____ E-Bill _____
Email _____

IF THIS IS A COMMERCIAL ACCOUNT PLEASE LIST:

ACCOUNTS PAYABLE CONTACT: _____

TELEPHONE #: _____ EXT: _____

ARE LIFE SUPPORT SYSTEMS OF ANY KIND USED: () YES () NO

IF YES WHAT TYPE: _____

IN CASE OF EMERGENCY PLEASE CONTACT: _____

RELATIONSHIP: _____ TELEPHONE #: _____

PLEASE READ AND SIGN BELOW:

I certify under penalty of perjury that all information provided herein is true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

ACCOUNT NUMBER: _____ GREEN TAG #(New SVC only): _____

DEPOSIT: \$200.00 (Residential Only)
() CASH
() CHECK NO. _____
() MO. ORDER
() WAIVED - LETTER OF CREDIT

METER # _____ READ _____

SERVICE CONNECT FEE: \$32.00
() APPLY TO FIRST BILL
() PAID

| | | | | |
|---------------|--------------|------|---------|------------|
| SERVICE TYPE: | RES 1 | GS 3 | IRR 1 | Rate codes |
| | RES 2 | LP 1 | SR 1 | |
| | RES 3 | LP 2 | TMP SVC | |
| | GS 1 | LS 1 | RET SVC | |
| | GS 2 | LS 2 | | |
| | (MULTIPLIER) | LS 3 | | |