



# REQUEST FOR RESIDENTIAL SERVICES

*You must contact Boone Electric Cooperative to connect or disconnect commercial accounts.*

<b>Member/Customer Information</b>	
Name: _____	SS #: _____
Billing Address: _____	Date of Birth: _____
_____	Equity #: _____
_____	Home Phone #: _____
Spouse Name: _____	Evening Phone #: _____
Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent (please check one)	Cell Phone #: _____
Are you a current member/customer of Boone Electric Cooperative: <input type="checkbox"/> Yes <input type="checkbox"/> No (please check one)	E-mail: _____
	Fax #: _____

<b>Connect (Start) New Electric Service</b>	Predominant Use of Electricity: (please check one)
Requested Start Date: _____	<input type="checkbox"/> Household <input type="checkbox"/> Barn <input type="checkbox"/> House Well
(Start) New Service Address: _____	<input type="checkbox"/> Cabin <input type="checkbox"/> Grain Drying <input type="checkbox"/> Farm Well
_____	<input type="checkbox"/> Domestic Income Producing
Please check the appropriate box(s) for services you wish to have in connection with this service address:	
<input type="checkbox"/> Dusk-to-Dawn Lights <input type="checkbox"/> Surge Protection <input type="checkbox"/> Auto Pay	
<i>A deposit of \$250 is required on all accounts. Please enclose a check or money order with this service request form.</i>	

<b>Disconnect (Stop) Current Electric Service</b>	
Requested Stop Date: _____	Account #: _____
Service Address: _____	Forwarding Address: _____
_____	_____
_____	_____
<input type="checkbox"/> Please check this box if you request any existing dusk-to-dawn (security) lights attached to this service address to be disconnected (stopped) along with your electric account.	

<b>Confirmation of Service Request</b>	
Please check one of the following if you want to receive confirmation that your service request has been received and processed:	
<input type="checkbox"/> Please mail confirmation to the following address: _____	
<input type="checkbox"/> Please fax confirmation to the following number: _____	
<input type="checkbox"/> Please e-mail confirmation to the following address: _____	
By signing this below, I herby certify that all the above information is accurate. "I, as a condition of membership in the cooperative, will grant easements without charge on and through my property to provide service extensions to myself and other adjoining members, as well as to perform necessary maintenance and service upgrades." <b>A security deposit of \$250.00 is required on all accounts. Please enclose a check or money order with this service request form.</b>	
Member/Customer Signature _____	Date: _____

Instructions: Mail or bring form to Boone Electric Cooperative, 1413 Rangeline St., P.O. Box 797, Columbia, MO 65201 or fax completed form to (573) 441-7226. \* **Do not mail if service is requested within 7 days from date mailed.**