Member # **R**

Location # Date

Cuivre River Electric Cooperative, Inc.

636.528.8261, 636.695.4700, 800.392.3709
Fax: 636.528.7696. www.cuivre.com

A Touchstone Energy® Cooperative

Residential Application for Membership and Electric Service

Complete and return to: P.O. Box 160, Troy, MO 63379 or **Fax to:** 636.528.7696

The undersigned (hereinafter referred to as "Applicant") hereby applies for electric energy service from Cuivre River Electric Cooperative (referred to hereinafter as "the Cooperative") upon the following terms and conditions:

1) The Applicant will purchase from the Cooperative all electric energy used on the premises described below and will pay monthly thereafter at rates to be determined from time to time in accordance with the by-laws of the Cooperative. A $20.00 non-refundable set up fee will be added to the first month's electric bill.

2) The Applicant will comply with and be bound by the provisions of the charter and by-laws of the Cooperative, and such rules and regulations as may from time to time be adopted by the Cooperative.

3) The Applicant assumes no personal liability or responsibility for any debts or liabilities of the Cooperative by reason of this application.

4) As a Cooperative member, the Applicant shall (a) receive the ***Rural Missouri/Current Times***, a monthly member newspaper which communicates the official notices of Cuivre River Electric Cooperative, and (b) be included in the ***Operation Round Up*** program which funds the Cuivre River Electric Community Trust. (For more information, request a ***Member Handbook*** or visit **www.cuivre.com**.)

5) The Applicant may be required to pay a security deposit. The Cooperative reserves the right to require payment in full before establishing service. In cases where deferred payment is authorized, the amount must be paid in full within 10 days of the meter connect date.

6) The Cooperative reserves the right to charge fees to recover agency costs incurred when collecting delinquent payments.

7) The Applicant must designate the **predominant use** of electricity on the premises from among the choices listed below. Failure to do so will result in **sales tax liability** to the Missouri Department of Revenue. Please **circle only one** category which corresponds with your **predominant use**:

Household Rental Property Owner Farming Other (specify) :_____

Applicant Information: Name & Mailing Address

_____ __
_____ __
_____ __
_____ __

E-mail Address: _____ __
Social Security #_____ __
**Signature: _____ __

Employer's Name & Address

_____ _
_____ _
_____ _

Applicant Telephone #s
Home: _____ _
Work: _____ _
Cell: _____ _
Other Contact & Phone # _____ _

Co-Applicant Information: Name & Mailing Address

_____
_____
_____
_____

E-mail Address: _____
Social Security # _____
**Signature: _____

Employer's Name & Address

_____
_____
_____

Co-Applicant Telephone #s
Home: _____
Work: _____
Cell: _____
Other Contact & Phone #_____

Do you own (Y/N)_____ or rent (Y?N) ____? If renting, who is the property owner? _____

06/2012 mjc