

**CARROLL COUNTY ELECTRICAL DEPARTMENT
RESIDENTIAL ELECTRIC SERVICE APPLICATION**

Date _____

Acct No. _____

**Acct. No. _____

Set Date _____

Customer Name _____
Last First Middle

MH _____ OTHER _____

Service Address _____ SSN# _____

Mailing Address _____ D L # _____ ST _____

DOB _____

Is This Your Primary Place of Residence: Yes _____ No _____

Telephone Number:

If No, Primary Residence _____

Home _____

Previous Address _____

Employer _____

Tel. Number _____

Marital Status: Single _____ Married _____ Spouse's Name _____

Spouse's SSN _____ Employer _____ Tel. Number _____

List Any Maiden and/or Previous Names _____

Home Owner: No _____ Yes _____ If Yes, type of Document Provided _____

If No, Name of Owner _____

Contact Person: Name _____ Telephone Number _____

Address _____

The undersigned hereby makes application for electrical services indicated at the address shown and agrees to pay for services as measured by the CCED's meters in accordance with rates applicable. The applicant agrees to permit authorized agents of the CCED free access to the premises of the consumer for the purpose of inspecting, reading, repairing or removing property of CCED.

The applicant agrees that this application is subject to CCED's Rules and regulations, now in force or as may hereafter be amended by the Power Board and to comply with T.C.A. §65-35-102

Signature _____ Approved _____

Applicant

Carroll County Electrical Dept.

FOR OFFICE USE ONLY

Dep. _____ \$ _____ Con. Fee _____ \$ _____ Same Day Fee _____ \$ _____

Line Const. _____ \$ _____ Trlr Fee _____ \$ _____ U/G Ser. _____ \$ _____

Pole Set _____ \$ _____ Bad Debt _____ \$ _____ Sec. Lt _____ \$ _____

Temp Serv _____ \$ _____ Other _____ \$ _____

Total Amount Collected \$ _____ Cash _____ Check _____ Credit Card _____

Line Crew Job _____

BAD DEBT REGISTER RESEARCHED Yes _____ No _____ Employee _____

Account Set Up by: _____

**Purpose of second meter at primary residence _____ Well _____ Shop _____ Other _____

Notes _____
