Inside Passage Electric Cooperative, Inc.

 P.O. Box 210149 Auke Bay, Alaska 99821

 (907) 789-3196
 FAX #790-8517

Account Update

Please update all applicable information. If adding an additional name to the account, the form must be signed by the primary on the account.

NAME	Date of Birth	SS Nu	ımber	
CO-APPLICANT:	DOB:	SS #		
Mailing Address	City	Sta	ateZip Code	
Physical Address	Email address:			
Best Phone #	Cell Home Work Message Alternate Phone # C H		ОС ОН ОW ОМ	
Alternate Phone #	C H W M Alternate Phone #		□c □h □w □m	
People living at this location:				
Name:	Age:	Social Security #:	Social Security #:	
Name:	Age:	Social Security #:	locial Security #:	
Name:	Age:	Social Security #:	ocial Security #:	
Name:	Age:	Social Security #:	Social Security #:	

I/WE, the undersigned applicant/s, hereby request/s membership in Inside Passage Electric Cooperative, Inc., and to receive electric service, and for that purpose agree/s as follow:

- (1) To receive from the Cooperative and purchase and pay for all electric service to be purchased for use at premises owned, leased as lessor or lessee, occupied or used by the Applicant, where such service is available (in the case of joint applicants, both applicants understand that the full amount of any sum due to the Cooperative may be collected from either applicant);
- (2) To be bound by and to comply with all applicable laws and regulations, the Cooperative's articles of incorporation, bylaws, tariff, board resolutions and policies, both as they now exist or as they may hereafter be adopted, repealed, amended or supplemented;
- (3) Upon request of the Cooperative, to grant to the Cooperative one or more right-of-way easements for extending and furnishing service to the Applicant/s or any other Cooperative member/s or for any other need of the Cooperative in constructing, operating and maintaining its electric system;
- (4) I have filled out this application form accurately.

Applicant

Date

Co-Applicant (if applicable)

Date