

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 Number _____

CO-APPLICANT: _____ DOB: _____ SS # _____

Mailing Address _____ City _____ State _____ Zip Code _____

Physical Address _____ Email address: _____

Best Phone # _____ Cell Home Work Message Alternate Phone # _____ C H W M

Alternate Phone # _____ C H W M Alternate Phone # _____ C H W M

Alaska Airlines Mileage Plan Number _____ Name on account _____

People living at this location:

Name: _____ Age: _____ Social Security #: _____

Name: _____ Age: _____ Social Security #: _____

Name: _____ Age: _____ Social Security #: _____

Name: _____ Age: _____ 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bylaws, tariff, board resolutions and policies, both as they now exist or as they may hereafter be adopted, repealed, amended or supplemented;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