NON-COMMERCIAL (RESIDENTIAL) APPLICATION

YOU MUST PROVIDE A COPY OF A VALID PICTURE ID WITH THIS APPLICATION. IT WILL NOT BE PROCESSED WITHOUT A VALID ID.

PLEASE READ BEFORE SIGNING:

THE UNDERSIGNED HEREBY APPLIES FOR MEMBERSHIP AND ELECTRIC SERVICE FROM HOUSTON COUNTY ELECTRIC COOPERATIVE, INC. BY SIGNING THE APPLICANT FURTHER CERTIFIES THE CORRECTNESS OF ALL DATA SUPPLIED ON THIS APPLICATION FOR ELECTRIC SERVICE.
APPLICANT IS SUBJECT TO THE FOLLOWING CONDITIONS:

1. APPLICANT AGREES TO COMPLY WITH AND BE BOUND BY THE PROVISIONS OF ALL THE ARTICLES OF INCORPORATION, TARIFF, AND BY-LAWS OF THIS COOPERATIVE OF WHICH HE WILL BE A MEMBER, AND SUCH RULES AND REGULATIONS AS MAY, FROM TIME TO TIME, BE ADOPTED BY THE COOPERATIVE, AS ESTABLISHED BY THE PUBLIC UTILITY COMMISSION OF TEXAS, PROVIDED, HOWEVER, THAT APPLICANT SHALL NOT BECOME A MEMBER OF THE COOPERATIVE UNTIL ACCEPTED FOR MEMBERSHIP BY THE BOARD OF DIRECTORS.
2. APPLICANT AUTHORIZES HCEC TO REQUEST A CREDIT REPORT FROM ONLINE UTILITY EXCHANGE.
3. APPLICANT AGREES TO PAY COOPERATIVE ALL APPLICABLE FEES AND A DEPOSIT BASED ON A CREDIT SCORE (IF REQUIRED).
4. APPLICANT MUST ESTABLISH ELECTRIC SERVICE WITHIN THIRTY (30) DAYS OF CONSTRUCTION COMPLETION, OR THE BASE CHARGE WILL APPLY FROM THAT DATE.

APPLICANT AND SPOUSE/CO-APPLICANT MUST SIGN AND DATE BELOW:

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

APPLICANT INFORMATION:

APPLICANT NAME: _____ CO-APPLICANT NAME: _____

MAILING ADDRESS: _____
STREET ADDRESS/PO BOX | APT/UNIT # | CITY, STATE, ZIP

APPLICANT INFORMATION:

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____

CO-APPLICANT INFORMATION:

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____

AS A SERVICE, HCEC PROVIDES ELECTRONIC MESSAGES BY TELEPHONE, TEXT, OR EMAIL. TO OBTAIN NOTICES FROM HCEC REGARDING THE STATUS OF YOUR ACCOUNT & WARNINGS ON SERVICE, PLEASE PROVIDE THE FOLLOWING:

PRIMARY PHONE #: _____ → ___CELL ___LANDLINE

SECONDARY PHONE #: _____ → ___CELL ___LANDLINE

EMAIL: _____

By providing this information you acknowledge and consent that you will receive future contact that delivers prerecorded or auto-dialed messages by or on behalf of HCEC. This notice is intended to comply with the Telephone Consumer Protection Act (TCPA) of 1991 and Federal Communications Commission regulations. I understand that I may revoke this authorization at any time by notifying HCEC in writing, by telephone, email or in person.

SERVICE INFORMATION:

TYPE OF SERVICE YOU'RE APPLYING FOR:

___ PRIMARY RESIDENCE
___ SEASONAL/SECONDARY RESIDENCE
___ ANCILLARY FACILITIES

PLEASE DESCRIBE WHAT SERVICES WILL BE FOR:

_____

IS THE SERVICE:

____ NEW (NEVER CONNECTED) _____ EXISTING (PREVIOUSLY CONNECTED)

SUPPLY THE METER NUMBER: _____

DO YOU _____ OWN OR _____RENT THE SERVICE YOU'RE APPLYING FOR?

IF YOU ARE RENTING, WHO IS THE PROPERTY OWNER:

_____

ELECTRIC APPLIANCES TO BE USED:

___WASHER ___DRYER ___ WATER HEATER ___RANGE ___OVEN

AIR COND. (CENTRAL) SIZE_____ AIR COND. (WINDOW) SIZE _____

HEAT (CENTRAL) SIZE _____ OTHER: _____

WHAT SIZE IS THE METER LOOP:

____100 AMP ____ 200 AMP ____ 3 PHASE

OTHER:_____

IS YOUR METER LOOP READY TO BE INSPECTED: ____ YES ____ NO

LOCATION INFORMATION:

WHAT COUNTY IS THE SERVICE LOCATED IN?_____

NOTICE: IF THE SERVICE IS LOCATED IN LEON, MADISON OR WALKER COUNTY WE WILL NEED A COPY OF THE REQUIRED ELECTRIC PERMIT TO PROCESS THE APPLICATION.
LEON CO: (903) 536-3158, MADISON CO: (936) 348-3810, WALKER CO: (936) 436-4939

PHYSICAL (911) ADDRESS: _____
STREET ADDRESS
_____
CITY, ZIP | APT/UNIT #

PLEASE DRAW OR ATTACH A MAP AND GIVE DIRECTIONS TO YOUR PROPERTY FROM THE NEAREST TOWN. ADDITIONAL SPACE ON BACK.

Optional Outdoor Lighting

If you choose to add one of more outdoor lights to your account, you will be billed a monthly base charge of $8 plus average monthly usage for each light installed

Optional Outdoor Lighting (S/L) Fees:

S/L - Existing Pole	$100
S/L - New Pole	$295
Voluntary Disc.	$50

HCEC
A Touchstone Energy® Cooperative

The information requested under racial ethnic group is used by Houston County Electric for the purpose of collecting, analyzing, monitoring, and reporting on its equal opportunity and affirmative action efforts, including reports filed with the federal government under Title VI of the Civil Rights Act of 1964, Section 504 of the rehabilitation Act of 1973, and the Age Discrimination Act of 1975

VOLUNTARY RACIAL/ETHNIC GROUP (CIRCLE ONE): BLACK HISPANIC WHITE OTHER (PLEASE DESCRIBE): _____

FOR GOV'T USE ONLY ____ STATEMENT OF NON-DISCRIMINATION ____ BYLAWS

STATEMENT INFORMATION

(OFFICE USE ONLY)

___ PREPAID ACCOUNT

ACCOUNT NUMBER: _____

( ) APPLICATION FEE: _____

( ) DEPOSIT: _____

( ) BAL. ON PREPAID ACCT: _____

( ) BAL. FROM PREV. ACCT: _____

( ) OPTL. OUTDOOR LIGHT: _____

TOTAL: _____