NON-COMMERCIAL (RESIDENTIAL) APPLICATION

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.

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

NOT BE PROCESSED WITHOUT A VALID ID. 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.

YOU MUST PROVIDE A COPY OF A VALID PICTURE ID WITH THIS APPLICATION. IT WILL

2. APPLICANT AUTHORIZES HCEC TO REQUEST A CREDIT REPORT FROM ONLINE UTILITY EXCHANGE.

TOTAL: ____

 APPLICANT AGREES TO COMPLY WITH AND BE BOUND BY THE PROVOF INCORPORATION, TARIFF, AND BY-LAWS OF THIS COOPERATIVE OF 	VISIONS OF ALL THE ARTICLES COEDIT COODE ALL DEOLI	IO PAY COOPERATIVE ALL APPLICABLE FEES AND A DEPOSIT BASED ON A JIRED). PLEASE NOTE: DELAYS
APPLICANT AND SPOUSE/CO-APPLICANT MU	ST SIGN AND DATE BELOW:	IN CONSTRUCTION ARE POSSIBLE DUE
SIGNATURE:	DATE:	TO DISRUPTIONS IN MANUFACTURERS' SUPPLY
SIGNATURE:		CHAING
SIGNATURE:	APPLICANT INFORMATION	
APPLICANT NAME:	CO-APPLICANT	
MAILING ADDRESS:		
APPLICANT INFORMATION:		CITY, STATE, ZIP S BY TELEPHONE, TEXT, OR EMAIL. TO OBTAIN NOTICES FROM HCEC RE-
	GARDING THE STATUS OF YOUR ACCOUNT & WARNINGS	S ON SERVICE, PLEASE PROVIDE THE FOLLOWING:CELLLANDLINE
		—————————————————————————————————————
DRIVER'S LICENSE #: CO-APPLICANT INFORMATION:		CELLLANDLINE
SOCIAL SECURITY #:	EMAIL:	nsent that you will receive future contact that delivers prerecorded or auto-
	of 1991 and Federal Communications Commission reg	onsent that you will receive future contact that delivers prerecorded or auto- is intended to comply with the Telephone Consumer Protection Act (TCPA) gulations. I understand that I may revoke this authorization at any time by vriting, by telephone, email or in person.
DRIVER'S LICENSE #:	SERVICE INFORMATION:	mung, by telephone, email of in person.
TYPE OF SERVICE YOU'RE APPLYING FOR:	IS THE SERVICE:	
PRIMARY RESIDENCE MOBILE HOME PERM. STRUCTURE RENT HOUSE OTHER: WATER WELL STOKE SHOP/BARN ELECTOR WHAT SIZE IS THE METER LOOP: 100 AMP 200 AMP 3 PH OTHER: IS YOUR METER LOOP READY TO BE INSPECTED: PLEASE NOTE: DELAYS IN CONSTRUCTION ARE POSSIDISRUPTIONS IN MANUFACTURERS' SUPPLY CHAINS Effective: 10/11/21	CAMP HOUSE SUPPLY THE METER LAKE HOUSE OF THE METER IS @ THE LOCATION. DO YOUOWN IF YOU ARE RENTING CTRIC GATE ELECTRIC APPLIANCES TO BE WASHER _ DRYER _ WA ESNORANGEOVENOTH	OR RENT THE SERVICE YOU'RE APPLYING FOR? G, WHO IS THE PROPERTY OWNER: E USED: ATER HEATER AIR COND. (CENTRAL) SIZE HER: AIR COND. (WINDOW) SIZE HEAT (CENTRAL) SIZE
WHAT COUNTY IS THE SERVICE LOCATED IN?	PHYSICAL	-
NOTICE: IF THE SERVICE IS LOCATED IN LEON, MADISON OR WALKER COUNT OF THE REQUIRED ELECTRIC PERMIT TO PROCESS THE APPL	UCATION (C. 1.)	TREET ADDRESS APT/UNIT #
LEON CO: (903) 536-3158, MADISON CO: (936) 348-3810, WALKER PLEASE DRAW OR ATTACH A MAP AND GIVE DIRECTIONS TO YOUR F	R CO: (936) 436-4939 ADDRESS	CITY, ZIP ACE 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 The information requested under racial ethnic group is used by Houston County Eling, and reporting on its egual opportunity and affirmative action efforts, including of the Civil Rights Act of 1964, Section 504 of the rehabilitation Act of 1973, and of the Civil Rights Act of 1964, Section 504 of the rehabilitation Act of 1973, and	A Touchstone Energy® Cooperative	() APPLICATION FEE:
		() BAL. FROM PREV. ACCT:
VOLUNTARY RACIAL/ETHNIC GROUP (CIRCLE ONE): BLACK HISI	PANIC WHITE OTHER (PLEASE DESCRIBE):	() OPTL. OUTDOOR LIGHT: