

Please send a copy of or bring your picture ID & Social Security Card with this application. Applications will not be processed without a valid ID.



For Government Use Only
 ___ Statement of Non-discrimination
 ___ By-laws

NON COMMERCIAL (RESIDENTIAL) APPLICATION

Application Information

NOTE: Incomplete or inaccurate information may cause delays in your receiving service.

NAME OF APPLICANT _____
FIRST MIDDLE OR MAIDEN LAST

MAILING ADDRESS _____
STREET ADDRESS/PO BOX

CITY STATE ZIP

NAME OF SPOUSE/CO-APPLICANT _____
FIRST MIDDLE OR MAIDEN LAST

APPLICANT INFORMATION

SPOUSE/CO-APPLICANT INFORMATION

Social Security No. _____

Social Security No. _____

Driver's License No. _____

Driver's License No. _____

As a service HCEC provides electronic messages by telephone, text, or email. To obtain notices from HCEC regarding status of your account, warnings on service, please provide the following:

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

By providing this information you acknowledge and consent that you will receive future contact that delivers prerecorded or autodialed 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.

Do you currently have an account or electric service with HCEC? ___ YES ___ NO If YES, which county _____

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

Will the service that you are applying for be ___ NEW or ___ EXISTING (has previously been connected)

If the service you are applying for has an existing meter, please provide the meter number _____

Do you ___ OWN or ___ RENT the service that you are applying for?

If you are renting this service, who is the owner of the property? _____

NEW SERVICE

What size is your meter loop? ___ 100 AMP ___ 200 AMP ___ 3 PHASE ___ OTHER: _____

Is your meter loop ready to be inspected? ___ YES ___ NO

ELECTRIC APPLIANCES TO BE USED:

___ WASHER ___ DRYER ___ WATER HEATER
 ___ AIR COND. (CENTRAL) SIZE _____
 ___ AIR COND. (WINDOW) SIZE _____
 ___ HEAT (CENTRAL) SIZE _____
 ___ RANGE ___ OVEN ___ OTHER _____

SERVICE WILL BE FOR (Check all that apply):

___ PERMANENT PRIMARY RES. ___ SEASONAL/SECONDARY RES.
 MOBILE HOME CAMP HOUSE
 PERMANENT STRUCTURE LAKE HOUSE
 ___ RENT HOUSE RV
 ___ ANCILLARY FACILITIES ___ OTHER _____
 WATER WELL STORAGE
 SHOP/BARN ELECTRIC GATE

STATEMENT

(office use only)

Optional Outdoor Lighting	Outdoor Lighting (S/L) Fees:	
Optional Outdoor Lighting is available to our members.	S/L - Existing Pole	\$100
	S/L - New Pole	\$295
If you choose to add one or more outdoor lights to your account, you will be billed a monthly base charge of \$8 plus average monthly usage for each light you have installed.	Voluntary Disc.	\$50

PREPAID ACCOUNT []

Account Number _____
 () Connect/Transfer Fee _____
 () Deposit _____
 () Balance from Old Account _____
 () *Optional Outdoor Lighting* _____
TOTAL _____

APPLICATION CONTINUED ON BACK

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

Gate/Combination Code:

PHYSICAL (911) ADDRESS _____

STREET

CITY

STATE

ZIP

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).

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

Signature _____

Date _____

Signature _____

Date _____

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

- Black
- Hispanic
- White
- Other (please describe)
- _____

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 936-544-5641
 FAX 936-545-1321

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A Touchstone Energy[®] Cooperative 