

Washington Electric Cooperative, Inc.
New Member/Service Datasheet

Applicant Information

Co-Applicant Information

Name

Name

Billing Address

Service Address (If different than Billing Address)

Social Security No. _____

Social Security No. _____

Driver's License & State _____

Driver's License & State _____

Telephone (Home) _____

(Work) _____

(Work) _____

(Cell) _____

(Cell) _____

Email Address _____

Email Address _____

Date of Birth _____

Date of Birth _____

Employer _____

Employer _____

If not employed, show source of income _____

If renting, owner's name & phone number _____

If purchasing, current owner's name: _____

Date service is to take effect in your name: _____ Meter Number: _____

Type of Heat: Electric _____ Gas _____ Wood _____ Propane _____ Oil _____

Central Air Conditioning: Yes _____ No _____ Number of window AC units _____

Office Use Only

Account # _____

Map # _____

Previous Occupant _____

Reading for Transfer _____

Date Reading Taken _____

Deposit _____

Connect Fee _____

Back Bill _____

WEC Employee

Date