

Kit Carson Electric Cooperative, Inc.

P.O. Box 578
Taos, NM 87571
Email:csr@kitcarson.com
1-800-688-6780 or 575-758-2258

Customer Service: 1-800-944-8159 or 575-751-9064

FAX# 575-758-4611

Request for Electric Service

		1100	dest for Licetif	C DCI VICC			
Consumer Information	Please Fill Form Comp	oletely. If not applicable	e, specify N/A				
Type of Account (Check Box)	Primary Residential		Secondary Residential		Scheduled Date of S	ervice	
Commercial/DBA (Commercial Accounts Only)			Tax ID# (Commercial Accounts Only)				
Business Name (Commercial Acco	ounts Only)						
Name (Last, First, Mid Initial)							
Spouse's (Last, First, Mid Initial)	DRAFI						
Mailing Address	DRAFT						
City, State & Zip Code					ME	1	
Home Telephone#			Cell Phone#	(300		
Other Telephone#			Work Telephone#		2		
Social Security #			Spouse Social Security#				
Drivers License #			Spouse Driver License#				
Location Information	Please provide any of the following information below			*Please attach a clear copy of Drivers License or Picture ID			
Physical Address				*Service Charge: \$15.00 Residential, \$50.00 Commercial/per Meter			
				Service Charg	e is a <u>One Time Non-Re</u>	fundable Fee I	Billed on first statement.
Previous Customer Name				* <u>Refunable Deposit:</u> is required prior to connection of service.			
Meter Number			Call or E-mail for Deposit Amount and/or info on Letter of Credit				
			V 0				
Would you like E-Billing(paperle	ess billing)? Y N		Email Address:				
CUSTOMER ACKNOWLEDGES RECEIPT		Y-LAWS AND AGREES T		AND/OR DEPOSITS	S UNCLAIMED FOR TWO (2) YEARS AFTER	DATE
OF DISTRIBUTION SHALL BE DEEMED							
IN ACCORDANCE WITH BY-LAW ARTICLE VII, SECTION 3.							
Customer Signature				Date			
	For Office Use Only						
Type of Service					SI REPLIE	البريانا	
Membersep#				J-1813			
Location#							
Connect		New Service					
Read In/Read Out		Street Light Connect					
Service Charge Amount		Paid		Billed			
Deposit Amount]	Paid		Billed			
etter of Credit	* Must be received within 10 business days of transfer*						
Comments:							
imployee Signature					Date:		