



# DUNCAN VALLEY ELECTRIC COOPERATIVE, INC.

PO Box 440  
Duncan AZ 85534

379597 AZ 75  
Duncan AZ 85534

*Owned By Those We Serve - Incorporated - June 1947*

Phone: (928) 359-2503

Fax: (928) 359-2370

## APPLICATION FOR ELECTRIC AND/OR GAS SERVICE

Service for: Electric  Gas

Property: Owner  Tenant  Agent

Name(s) of Consumer \_\_\_\_\_

Physical Address of Service \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The undersigned (hereinafter called the "Applicant") hereby applies for membership in, and agrees to purchase electric and/or natural gas service from **Duncan Valley Electric Cooperative** (hereinafter called the "Utility Provider") upon the following terms and conditions.

1. By the signature below the Applicant will become a Member of the Utility Provider
2. The Applicant will comply with and be bound by the provisions of the articles of incorporation and bylaws of the Utility Provider, and such rules and regulations as may from time to time be adopted by the Utility Provider; also policies as required by the Board of Directors and Regulatory Commissions.
3. The Applicant, by becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Utility Provider, and it is expressly understood that under law his private property cannot be attached for any such debts or liabilities.

I, the property owner, grant an Easement to run service (including service lift poles and appurtenances, and to cut and trim trees and shrubbery as deemed necessary by the Utility Provider), read meters and to provide access to operate and maintain same as long as the Utility Provider's property remains on the Applicant's premises. This also applies to any subsequent services the member obtains. As a renter I agree to keep said areas free of debris and meters accessible.

Applicant(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security No \_\_\_\_\_ Drivers Lic. No. \_\_\_\_\_ State \_\_\_\_\_

Telephone #(s) \_\_\_\_\_

Joint Member SSN \_\_\_\_\_ Drivers Lic. No. \_\_\_\_\_ State \_\_\_\_\_

Previous Utility Comp \_\_\_\_\_

Previous Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Name and Address of  
Emergency Contact \_\_\_\_\_