

Application Information

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

NAME OF APPLICANT _____
FIRST MIDDLE LAST

MAILING ADDRESS _____

CITY, STATE, ZIP _____

SPOUSE _____
FIRST MIDDLE OR MAIDEN LAST

**PERSON MAKING REQUEST
IF OTHER THAN APPLICANT** _____
NAME RELATIONSHIP PHONE

APPLICANT INFORMATION SOCIAL SECURITY NO. _____
SPOUSE INFORMATION SOCIAL SECURITY NO. _____

DRIVERS LICENSE NO. _____ **DRIVERS LICENSE NO.** _____

HOME PHONE _____ **HOME PHONE** _____

WORK PHONE _____ **WORK PHONE** _____

DO YOU PRESENTLY HAVE AN ACCOUNT OR ELECTRIC SERVICE WITH HCEC? ___ YES ___ NO
COUNTY...HOUSTON___ TRINITY___ ANDERSON___ ANGELINA___ CHEROKEE___ LEON___
FREESTONE___ WALKER(PERMIT REQUIRED)___ MADISON(PERMIT REQUIRED)___

NOTICE: IF YOUR NEW SERVICE IS GOING IN MADISON OR WALKER COUNTY, WE WILL NEED A COPY OF YOUR PERMIT. IN WALKER COUNTY CONTACT THE WALKER COUNTY UTILITY DEPARTMENT AT (936) 291-9500 EXT. 46. IN MADISON COUNTY CONTACT THE MADISON COUNTY FLOOD CONTROL OFFICE AT (936) 348-2670

WILL THE SERVICE THAT YOUR APPLYING FOR BE NEW _____ **OR EXISTING** _____

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:

_____ PERMANENT RESIDENCE
_____ MOBILE HOME
_____ CAMP HOUSE _____ TEMP. TO BUILD
_____ WATER WELL _____ COMMERCIAL
_____ SHOP _____ STORAGE BLDG.
_____ BARN _____ OTHER

STATEMENT

ACCOUNT NUMBER: _____
() MEMBERSHIP FEE _____
() CONNECT FEE _____
() DEPOSIT _____
() THREE MONTHS MINIMUM BILL _____
() ONE YEARS MINIMUM BILL _____
() BALANCE FROM OLD ACCT. _____
TOTAL _____

Please pay this amount

A LETTER OF CREDIT MAY BE SUBSTITUTED FOR THE DEPOSIT IF THE CUSTOMER HAS HAD SERVICE WITH ANOTHER ELECTRIC COMPANY FOR AT LEAST 12 MONTHS, WITH NO MORE THAN 2 LATE PAYMENTS.

APPLICATION CONTINUED ON BACK

APPLICATION CONTINUED

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

THE UNDERSIGNED HEREBY APPLIES FOR MEMBERSHIP IN 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 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 AGREES TO PAY COOPERATIVE THE REQUIRED MEMBERSHIP FEE PLUS ALL OTHER APPLICABLE FEES AND / OR DEPOSITS.**

SIGNATURE

DATE



Houston County Electric Cooperative, Inc.

TEXAS 89 HOUSTON

P.O. BOX 52
CROCKETT, TEXAS 75835

PHONE: (936) 544-5541
OFFICE: LOOP 304 SE

FAX (936) 544-4528
1-800-657-2445