

## **SERVICE CHANGE FORM**

☐ I want to <b>transfe</b>	my existing serv	vice to a new l	ocation			
☐ I want to <b>ADD an</b>	additional mete	e <b>r/service</b> to m	ny existin	g account		
Application Date:	Service Location	/Physical Addre	SS (Street, City, State, Zip)		Requested Start Date	
Requested Disconnect	Date	*Only ap	plies if m	ember is <b>transferring</b> a	n existing account.	
Applicant Name	eC&L Accour First Name Middle Initial Last Name			#		
Date of Birth						
Please update the follo	owing information					
Social Security Number		ID# (Driver's License, State ID, Military ID, Passport or I551)				
Primary Phone #		Additional Pho	ne #			
Place of Employment			<u> </u>	Work Phone #		
Email Address						
Lindii Address						
Billing Address for <b>NEV</b>	<b>V</b> service — (Street, C	ity, State, Zip)	,	Previous Addre	ess - (Street, City, State, Zip)	

Co-Applicant's Name		Date of Birth
First Name	Middle Initial Las	it Name
Social Security Number	ID# (Driver's Licen	se, State ID, Military ID, Passport or I551)
Primary Phone #	Additional Pho	ne#
Place of Employment		Work Phone #
. ,		
Email Address		
I am a(n) Owner□ Tenant□		
,		
If tenant, Landlord's Name		Phone
If there is a security light at this loca	tion would vou like	to keen it? Yes \( \text{No} \( \text{I} \)
in there is a security light at this loca	tion, would you like	to keep it. Tesinon
Mark the boxes below if your account	nt should be marked	d as:
☐ Age 65 or older	. 1)	
☐ Handicapped (Doctor's certification	on requirea)	
	ADDUCATION FOR	CHANCE OF SERVICE
	APPLICATION FOR	CHANGE OF SERVICE
·		hall constitute an agreement between the Applicant and the
		continue in force from the date service is made available by neclled by notice given by either party to the other. A \$50.00
fee is required to transfer service	ce or add an additional m	neter.
		he best of my knowledge. I understand that you will retain
	ed. You are authoriz	ed to check my credit and to answer questions about you
credit experience with me.		
C&L Electric Cooperative will make e	every effort to discor	nnect and connect the account within (5) business days.
Applicant's Signature:		Date:
Co-Applicant's Signature:		Date:

## CHANGE OF SERVICE CHECKLIST

- Copy of Identification: Driver's License, State ID Card, Passport, Military ID, or I-551 (immigrant visa) is acceptable.
- Social Security number must be on the application form.
- Proof of ownership and/or lease agreements required for new connects.
- All required documentation and payments must be received by C&L Electric prior to services being connected.
- A customer service representative from C&L Electric Cooperative will contact you to complete the application process.

To return documentation electronically: newservice@clelectric.com

To return documentation by mail or in person:

C&L Electric Cooperative Corp. 900 Church St P O Box 9 Star City, AR 71667

C&L Electric Cooperative Corp. P O Box 233 Sheridan, AR 72150