



11340 100th Street; P.O. Box 160 Live Oak, FL 32064  
Tel. (386)362-2226, (800)447-4509, Fax (386)362-1456

**Residential Application for Membership and/or Service**

Date: \_\_\_\_\_

Acct# \_\_\_\_\_ SO# \_\_\_\_\_ Mbr# \_\_\_\_\_

S.V.E.C Rep \_\_\_\_\_

The undersigned (hereinafter called the Applicant) hereby applies for membership, if no membership exists, and agrees to purchase electric energy from Suwannee Valley Electric Cooperative, Inc (hereinafter called the Cooperative), upon the following conditions:

1. The Applicant states that the service for which this application is made is restricted for use in residential households and/or uses associated with a residence including uses such as kennel, barn, water pump, separate garage, or Outdoor light. The electric service shall be billed directly to the Applicant as the actual consumer or landlord. The Applicant states that the residence will not be used for short term tenants or other commercial purpose.
2. The Applicant assumes no liability of the Cooperative or responsibility for payment of any debts of the Cooperative by payment of a membership fee and becoming a member of the Cooperative.
3. The acceptance of this application by the Cooperative, after proper execution by the Applicant, shall constitute a contract between the Applicant and the Cooperative. If the Applicant shall not be approved as a member of the Cooperative by its' Trustees, all fees submitted with this application will be refunded to the Applicant.
4. The applicant will comply with and be bound by the provisions of the Charter and Bylaws of the Cooperative of which he/she will be a member, and such rules, regulations and policies as may from time to time be adopted by the Cooperative.
5. Upon application, the Applicant(s) will provide the Cooperative with a valid photo ID, such as a driver's license or state issued non-driver's ID, each Applicant's social security number and telephone number. The Applicant will deposit with the Cooperative the sum of \$5.00, which upon acceptance of this application by the Cooperative, will constitute the Applicant's membership fee, the Applicant will deposit with the Cooperative the sum of \$\_\_\_\_\_ which will be held as a security deposit. Such fees and deposits will be applied to the Applicant's unpaid account at the time of termination of service and balance, if

any, refunded to the member. In addition to the above, a non-refundable Connect Fee or Transfer Charge in the amount of \$\_\_\_\_\_ is to be paid at the time of application.

6. The applicant will cause his premises to be wired in accordance with the National Electric Code and will maintain standards and clearances as provided by the National Electric Code, local inspection authorities and the Cooperative (Meter & Service Requirements). Premises remaining not wired within thirty (30) days following availability of electric service shall be billed at the established minimum monthly billing rate.

7. Suwannee Valley Electric Cooperative, Inc. will not be liable for damages in case such supply should be interrupted or fail by reason of an act of God, breakdown or injury to the machinery, transmission lines, distribution lines or other facilities of the Cooperative or for non-payment of billed electricity.

8. The meter remains the property of the Cooperative and is not to be purchased from anyone or sold to anyone. Location of the meter is at the discretion of the Cooperative as published by the Florida Public Service Commission Rule 25-6-50.

9. The Applicant shall purchase from the Cooperative all electric energy used on the premises described below. The Applicant will pay for this electric service on a monthly basis at prevailing rates determined in accordance with the applicable Bylaws and policies of the Cooperative.

10. The Cooperative reserves the right to limit the amount of electric power which it shall be required to furnish to the Applicant.

11. Applicant shall provide Proof of Ownership for the property for which Applicant is requesting service and furnish a legal description of property (survey if available). If Applicant does not own property, name and address of Property Owner(s) is as follow:

\_\_\_\_\_  
\_\_\_\_\_.

12. Type of facility to be served: \_\_\_\_ Mobile Home Pole, \_\_\_\_ Home, \_\_\_\_ Apartment, \_\_\_\_ Pump/Well; Other \_\_\_\_\_

13. Applicant agrees to supply the Cooperative with a copy of City/County Building Permits and have a meter installation wired and Final inspection approved by local inspection authorities on all new services.

14. Applicant agrees not to attach anything to the Cooperative equipment and poles. The meter base and stack must be exposed at all times except for a maximum 14" through the soffit or attic of the building.

15. THE APPLICANT EXPRESSLY AGREES THAT THE COOPERATIVE PERSONNEL SHALL HAVE UNLIMITED INGRESS, EGRESS AND ACCESS TO THE APPLICANT'S PROPERTY FOR THE PURPOSE OF CONSTRUCTION OF SERVICE, READING METERS, MAINTAINING RIGHT OF WAY CLEARANCE, EQUIPMENT AND FACILITIES AND GIVES ADVANCE PERMISSION TO PERFORM THESE SERVICES AS REQUIRED. EASEMENTS REQUIRING PRIMARY AND/OR THIRD PARTY SHALL BE DELIVERED TO THE COOPERATIVE BEFORE FACILITIES TO SERVE THE APPLICANT CAN BE INSTALLED. Please print, complete, and mail to the above P.O. Box [address](#).

PLEASE FURNISH THE FOLLOWING INFORMATION:

**Print Applicant's Name** \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Billing Address: \_\_\_\_\_

Physical (911) Address (if different from above):

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Secondary Telephone: Cell or Work \_\_\_\_\_

Applicant's Employer \_\_\_\_\_

Name of Nearest Neighbor to New Service Location (if known)

\_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_

**Print Co-Applicant 's**

**Name** \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Billing Address: \_\_\_\_\_

Physical (911) Address (if different from above)

Telephone Number: \_\_\_\_\_

Secondary Telephone: Cell or Work \_\_\_\_\_

CO-Applicant's Employer \_\_\_\_\_

Name of Nearest Neighbor to New Service Location (if known)

\_\_\_\_\_

Co-Applicant is eligible for joint membership based upon the following:  
\_\_\_\_\_ Spouse \_\_\_\_\_ Joint Property Owner \_\_\_\_\_ Resides with Applicant

**Co-Applicant's Signature** \_\_\_\_\_

\*\*\*PLEASE ATTACH COPIES OF VALID PHOTO IDENTIFICATION\*\*\*