Application for Temporary Power Outlet

Date of Application: *(Month)* _____ *(Day)* _____, **20**____

Applicant (Owner or Contractor):_____

Address: _____
(current mailing address)

_____

Phone Number: _____
(current)

1. DESCRIPTION:

__1__ Phase, __120/240__ Volts, __100Amp (maximum)__ , __3__ Wire, 60 cycles, alternating current.

Name of Member: _____

Member Account Number:_____

Contact Person: _____

Phone Number: _____ Rate applied for **406**
(if different from owner)

Assessor's Parcel Number (**APN**): _____

Street Address: _____

2. PAYMENT:
The Owner agrees to pay the Association the monthly minimum charge of $30.00 plus energy usage as designated within the Rules and Regulations of the Association.

3. CONDITIONS:
Service shall be rendered at rates (Rate TPO) and conditions in effect or that may become effective during the time the service is rendered as set forth in the Association's tariff schedules and approved by the Association's Board of Directors.

4. AVAILABILITY:
Throughout the system from existing facilities, subject to the availability of Temporary Power Outlets in the Association's inventory, when Association service lines are installed and energized. This applies to the rental of the Temporary Power Outlet and consumption of electric service.

5. APPLICABLE:
To all electric services where consumption of energy is of a temporary basis for the construction of a residential home. The Temporary Power Outlet is owned and maintained by the Association.

SIGNATURE OF APPLICANT:

By:_____

ACCT. # _____

S. O. #: _____

VALLEY ELECTRIC ASSOCIATION, INC.

By: _____

W. O. #: _____

S. O. #: _____