

**Application for Electric Service**

Dear Customer

Welcome to the City of Madisonville Municipal Utilities Department. It is a privilege to be your utility provider and as such, it is our goal to provide the highest level of service to meet your needs. In an effort to minimize any delay in providing Electrical Service we ask that you follow these easy steps.

Please provide the Customer Service Representative the basic information to begin the application process.

1. Contact or visit Madisonville Electric Department located at 609 McCoy Avenue, (270) 824-2130, fax (270) 824-0167 or on the web @ <http://www.madisonvillegov.com>
2. Provide the exact address and other pertinent information as indicated below.
3. Review the attached "Energy Services Contract" and applicable rate schedules.

Upon receipt of this information the Electric Department will begin the process to process service for your facility; including examination of the electrical service. After completion of these steps, the "Energy Services Contract" will be prepared for your review and signature. A homeowner, officer of the company and/or the business owner may need to visit 609 McCoy Avenue to finalize the contract. Please have proper identification including photo ID available. All applicants are subject to a complete credit check.

**Please allow three business days in order to process your request.**

Permanent Service  
Own \_\_\_\_\_ Rent \_\_\_\_\_

**Please Print**

Temporary Service \_\_\_\_\_

Date \_\_\_\_\_

Person(s) authorized to execute agreement \_\_\_\_\_ SSN or Fed ID \_\_\_\_\_

Business or Customer Name \_\_\_\_\_ City of Madisonville Occupational lic. no. \_\_\_\_\_

Facility Address \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ Zip \_\_\_\_\_

Size of Facility (square footage) \_\_\_\_\_ story(s) \_\_\_\_\_ approx. age of structure \_\_\_\_\_

Gas appliances: heating \_\_\_ hot water \_\_\_ clothes dryer \_\_\_ stove \_\_\_ other \_\_\_\_\_

Electric requirements: voltage \_\_\_\_\_ phase(s) \_\_\_\_\_ (type) delta \_\_\_\_\_ wye \_\_\_\_\_

Service amperage size \_\_\_\_\_ # of meters \_\_\_\_\_ security lights \_\_\_\_\_

Motor loads: 3 HP \_\_\_\_\_ 5 HP \_\_\_\_\_ 10 HP \_\_\_\_\_ other \_\_\_\_\_

Ton(s) of air conditioning \_\_\_\_\_ KW heat \_\_\_\_\_ heat pump sizes \_\_\_\_\_

Type of activity to be conducted \_\_\_\_\_

Name of property owner \_\_\_\_\_ phone \_\_\_\_\_

Applicant's phone number \_\_\_\_\_ fax \_\_\_\_\_

email address: \_\_\_\_\_ previous account address \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

## Commercial Deposit Deferral

MMU may allow an existing commercial customer who desires to relocate, expand or start a new business; defer part of the initial electric utility deposit, providing all the following minimum requirements are met:

1. A new Energy Services Contract application shall be completed and submitted to the Electric Department at 609 McCoy Avenue.
2. Applicant must have an existing active commercial MMU account and have no more than one late notice within the preceding twenty-four (24) continuous months of active service. Applicant must also be current on all MMU accounts.
3. Applicant applying for a partial deposit deferral must be the same person(s) currently listed on the existing MMU account.
4. Upon review and subject to approval by MMU, the applicant will be required to execute the Energy Services Contract and submit an initial payment of no less than fifty (50) percent of the initial full deposit requirement, prior to rendering service.
5. The deposit deferral shall not exceed \$2,500.
6. The remaining deposit balance will be added to the regular monthly utility bill in five (5) equal payments. In the event a utility billing late notice or delinquency occurs during the deferral period, all remaining deposits also become delinquent, and shall be immediately paid in full.
7. Only one (1) deposit deferral will be allowed per applicant within a 24 month period.

If you feel you qualify for this deferral please submit the following:

1. Name on existing MMU utility account \_\_\_\_\_  
Please Print
2. Account Number \_\_\_\_\_
3. Federal ID Number \_\_\_\_\_
4. Social Security Number \_\_\_\_\_
5. Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Permanent service only.