



Application for Residential Service

BOZRAH LIGHT & POWER

An asterisk (*) denotes a required field) **Schedule Date:** ____ / ____ / ____
(Schedule Date may vary up to 3 business days.)

Office Use Only:

Account# _____ - _____ **Own / Rent** Read Connect
Customer # _____ Deposit: \$ _____ Agreement on Deposit

Service Address * _____ Apt _____

New Residential Service:

Name*: _____

Employer 1*: _____

2nd Name: _____

Employer 2: _____

Contact Number* (____) ____ - ____

Alternate Number: (____) ____ - ____

Office Use Only:

Credit Score: **G Y R**

Credit Score: **G Y R**

Email Address: _____ Previous BL&P Customer? Yes No Acct# _____ - ____

Mailing Address*: _____ Previous BL&P Address: _____

****If you are a tenant renting the service address, we require a copy of the front page of your leasing agreement (or a welcome letter from your landlord) is submitted along with your completed application in order to begin utility service in your name. We will not be able to process the application without the front page of your leasing agreement or a welcome letter.**

Disconnect Residential Service:

Electric: Read / Disconnect

Account# _____ - _____ Phone / In – Person

Customer Name: _____ **Disconnect Date:** ____ / ____ / ____

Forwarding Address _____ City _____ State _____ Zip _____

I / We agrees to accept service and pay for said service as bills are rendered, in accordance with the rates, rules and regulations now in effect or as they may be changed or amended. If the account becomes delinquent, the applicant(s) will be responsible for collection fees, including reasonable attorney fees. Please check box to the right and type your full name (if second applicant, both full names are required) into the form box below in order to accept these terms. Submit via email, fax, or in person in order to complete application process.

Full Name(s) (Required): _____

I / we give permission for Bozrah Light and Power to contact me in order to obtain my SSN to run a credit check to determine if a deposit will be required: _____ (Initial)*

OFFICE USE ONLY:

Meter Deposit

Account# _____ - _____ Meter Deposit \$ _____ CK CA CC Rep Initials: _____

Customer Name: _____ Svc Address: _____ Apt _____