

# NEW RESIDENTIAL SERVICE APPLICATION



Kalispel Tribal Utilities  
202 S Industry Drive, Suite E  
Airway Heights, WA 99001  
509.481.4703  
support@kalispelutilities.com

KALISPELUTILITIES.COM

Desired Service Start Date: \_\_\_\_\_

## Applicant Info:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Info: \_\_\_\_\_

References (Work, Friend, Relative)

Work: \_\_\_\_\_

Friend: \_\_\_\_\_

Relative: \_\_\_\_\_

Employer Name: \_\_\_\_\_

## Other responsible party info (if applicable):

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Check this box to receive paperless billing via email

Check this box to opt out of receiving email notifications

Check this box if you have a medical condition that relies on electricity for your treatment

## Service Address:

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Billing Address (if different from Service Address):

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Who was your prior service provider? \_\_\_\_\_

I warrant that the above information for the purpose of obtaining electric service is true and complete. I also agree to receive and pay for said service in accordance with applicable rate schedules and service regulations of Kalispel Tribal Utilities. I acknowledge that Kalispel Tribal Utilities reserves the right to discontinue service in case of violation of any terms of service or falsification of any of the above information. It is the Customer's responsibility to notify Kalispel Tribal Utilities seven (7) days prior to discontinuation of electric service. Failure to notify KTU of intent to terminate electrical service may extend Customer's financial responsibility for any energy usage until KTU has been notified to terminate service. **A \$100 refundable deposit is required within 3 Business Days of move in date or we will decline to initiate service.**

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

\_\_\_\_\_  
Other Responsible Party Signature (if applicable)

To submit this application, please visit our office at:

### Kalispel Tribal Utilities

202 S. Industry Drive, Suite E  
Airway Heights, WA 99001

### Office Hours:

Monday – Thursday, 12pm – 4pm  
Please call to make an appointment

\* KTU reserves the right to assign any unpaid delinquent electric bills to a third party collection agency.