

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: _____

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: _____

Phone Number: _____

Phone Number: _____

Phone Number: _____

Phone Number: _____

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. Please contact Kalispel Tribal Utilities when you move out to disconnect your 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.