

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: _____

Employer Name: _____

References Required (Work, Friend, Relative)

Work: _____

Friend: _____

Relative: _____

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. **Customer has 35 days from commencement of service to pay the \$100 security deposit. KTU reserves the right to initiate service shut-off for failure to timely pay the security deposit.**

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.