

SEAL

My Commission Expires: \_

FOR OFFICE USE ONLY			
■ Residential	■ Temporary	□ Commercial	
Other			

## RESIDENTIAL APPLICATION FOR MEMBERSHIP AND/OR ELECTRIC SERVICE

Date		Member Separator #	
	ι		
Billing Name	(Please Print)		
	(i lease i lilit)	Mailing Address (If different)	
Service Address		Mailing Address (If different)	
	ereinafter called the "Applicant") hereby applies for members fer called the "Cooperative") upon the following terms and condi	ship in, and agrees to purchase energy from Northcentral Mississippi Electric Powe tions:	
time to time in a Cooperative pro	accordance with the bylaws of the Cooperative, it being unders	the premises described below and will pay therefor monthly rates to be determined fron tood that all amounts paid by Applicant in excess of operating costs and expenses of the are furnished by him/her as capital; provided, however, that the Cooperative may limit the	
	will comply with, and be bound by, the provisions of the charter the Cooperative.	and bylaws of the Cooperative, and such rules and regulations as may from time to time	
	by paying a membership fee and becoming a member, assume derstood that under the law his private property is exempt from a	es no personal liability or responsibility for any debts or liabilities of the Cooperative and i attachment for any such debts or liabilities.	
		outstanding bills to the Cooperative and understands that any bills from this account which red to any other active account of Applicant which is being served by the Cooperative.	
of ingress and	The Applicant hereby grants unto the Cooperative the necessary rights-of-way for the construction and maintenance of lines necessary to serve Applicant and the right of ingress and egress in order to construct and maintain said lines, to read meters, or to inspect or repair any property of the Cooperative. The Cooperative shall at an time at its discretion, cut and/or spray with herbicide any tree, bush, shrub or spray with herbicide any vegetation planted under the power line.		
initiation of sen marked that hat phone, electric, 7. Applicant agree	vice, in full compliance with said codes and covenants. Applic ve been installed on said property by someone other than the tet.).	nants, agrees and warrants that all wiring, original or subsequent, is or will be prior to cant also agrees that it is in their responsibility to have any facilities located and visibly utilities that participate in Mississippi One Call (water lines, sewer lines, septic tanks, gas as from any and all liability or responsibility for any property damage or personal injury of the premises.	
Applicant's Full Nam	ne (Printed)	Applicant's Full Name (Printed)	
Social Security Num	nber	Social Security Number	
Place of Employmer	nt	Place of Employment	
Cell Telephone Num	nber (Primary Number or Secondary Number-Circle Applicable)	Cell Telephone Number (Primary Number or Secondary Number-Circle Applicable)	
Home Telephone No	umber (Primary Number or Secondary Number-Circle Applicable)	Home Telephone Number (Primary Number or Secondary Number-Circle Applicable)	
Work Telephone Nu	imber (Primary Number or Secondary Number-Circle Applicable)	Work Telephone Number (Primary Number or Secondary Number-Circle Applicable)	
Driver's License Nur	mber or ID Number (copy attached)	Driver's License Number or ID Number (copy attached)	
Email Address		Email Address	
Applicant's Signatur	е	Applicant's Signature	
Witness		Witness	
Sworn to and	d subscribed before me, this day of	, 20 in the	
county of	and the state of	·	
WITNESS m	ny hand and seal of office this day of _	, 20	

Notary Public