



## Residential Service

### Application for new occupants

Welcome to Xcel Energy. We look forward to serving your energy needs. Please fill out the application below and return it to us immediately for the processing of your information. If applicable, any service fees and/or deposits will invoice on your first statement.

*In order to protect your identity and be compliant with Federal Trade Commission Rules, we will be asking you for your Social Security number, driver's license number or in state-issued ID. This information is used by Xcel Energy generally for identification purposes, such as to verify your identity when setting up an account or to verify your identity when later discussing information with you related to your account.*

Date to start billing at your new address \_\_\_\_\_

Owner or property manager name \_\_\_\_\_ Phone \_\_\_\_\_

#### Customer information

##### Primary customer

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Social security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Driver's license or state ID number \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

##### Secondary customer

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Social security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Driver's license or state ID number \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

#### Service information

Previous address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Do we need to end billing at previous address?  Yes  No If yes, what date is this effective? \_\_\_\_\_

New service address \_\_\_\_\_ Apartment or unit number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address if different \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

#### Regarding deposits

In Colorado, Texas and New Mexico our customers may be required to pay a deposit. We will hold the deposit until you have made twelve months consecutive on-time payments or if the account is closed. You have the option for us to run a credit check to see if the deposit can be waived. If you would like us to run a credit check you must initial here, sign below and provide your Social Security number in the space provided above. Initials \_\_\_\_\_

#### Signatures

Tenant signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/property manager signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note:** We will require the tenant's signature if they are requesting we run a credit check. We will process requests effective the date we are notified, or up to 45 days in the future. It is the responsibility of the customer to contact Xcel Energy in a timely manner, to begin or end service in their name. This policy helps us process your requests more accurately and efficiently.

Xcel Energy Residential Service: **800.895.4999** | Residential Service Fax: **800.895.2895**