



Application for Rental

Applicant _____
 SSN/DL _____
 Co-Applicant _____
 SSN/DL _____

Business Name _____ Tax ID _____
 Authorized Representative _____

Physical Address _____
 Billing Address _____
 Phone Number _____ Email Address _____
 Phone Number _____ Email Address _____

Please initial acknowledgement of receipt of the following items:

_____	Service Rules & Regulations	Life Support System Present? Yes No
_____	Policy #3 Consumer Accounting	Paperless Billing? Yes No
_____	Policy #4 Line Extension	Automatic Payments? Yes No
_____	Meter Number # _____	Start Date _____
_____	Deposit \$ _____	

Landlord _____

I certify that I have provided, to best of my knowledge, correct information and I agree to comply to the By-Laws and Policies of South Side Electric, Inc.

Signature _____ Date _____

OFFICE USE ONLY

Meter Number _____ Start Date _____ Beginning Reading _____

Deposit Charged _____ Paid _____ Billed _____

Landlord Name & Address _____

Update : QB Spreadsheet

ACCOUNT CLOSING PROCEDURES

Forwarding Address _____

Final Reading Date _____ Final Reading _____

Meter Number _____ Moved to _____

Deposit Amount Refunded to Account _____ Date _____

Amount of Refund Check Issued _____ Date _____

Amount of Unpaid Balance Transferred to Landlord _____ Date _____

Move Renter Info to Comments _____ Date _____

Update Account Name/Address to Landlord _____ Date _____