

**Cooperative Light & Power
Residential Transfer of Service**

Updated: May 16, 2018

CLP is an equal opportunity provider and employer.

Office Use Only

Account No. _____

Location No. _____

Leaving familiar surroundings can be difficult. At Cooperative Light & Power (CLP), we want to help make the transition to your new community, and your new electric service provider, an easy one. Your CLP team will offer friendly member service that will make you feel right at home. Whether on the phone, or in person, we exist to serve you. Welcome to the CLP family. Owned by those we serve since 1936.

Questions: If you have any questions filling out this application, please call CLP at 834-2226 or 800-580-5881.

Application for Membership and Electric Service

Application for Membership and Electric Service from the Cooperative Light & Power Association of Lake County (hereinafter) called "CLP" upon the following terms and conditions:

1. If this application is accepted by CLP, it will constitute the Applicant's membership. The Applicant(s) will comply with, and be bound by, the provisions of the Articles of Incorporation and By-Laws of CLP, of which Applicant(s) will be a member, and such policies, rules, and regulations as may, from time to time, be adopted by CLP.
2. The Applicant(s) will purchase from CLP all electric energy used on the premises (unless otherwise specified in an Interconnection Agreement), and will pay at rates which will be fixed by the CLP Board of Directors; provided, however, that CLP may limit the amount of electrical energy which it shall be required to furnish to the Applicant(s). The Applicant(s) will pay a bill in accordance to the applicable rate schedule and fixed charge. Late fees and penalties may be charged on late or delinquent accounts. The initial billing shall start when Applicant(s) begin using electric power and energy, on the closing date, or on the transfer date, whichever comes first. If Applicant(s) discontinue using electric service, a monthly base fee will be charged to his/her account unless an approved Service Removal Form is on file with CLP. Note: If Applicant(s) are connecting co-generation (i.e., wind, solar, etc.) an Interconnection Agreement must be on file with CLP.
3. Service hereunder shall be alternating current, single phase, three (3) wire, 60 cycle 120/240 volt.
4. **CLP does not guarantee a regular and uninterrupted supply of energy**, and will not be held liable for any damages resulting from an interrupted or defective supply of power.
5. The Applicant(s) permit(s) the release of account information to Energy Assistance Programs if eligible.
6. The Applicant(s) may authorize CLP to perform a "soft hit" credit check for the purpose of establishing deposit requirements. Based on the results of the credit check, a refundable deposit may be applied to your first CLP billing as applicable. If Applicant(s) refuse a "soft hit" credit check, a refundable \$200 deposit fee will be charged to his/her account. Note: A social security number is still required for service, with or without a "soft hit" credit check.
7. A non-refundable \$15 transfer fee, plus applicable tax will be applied to your first CLP billing.
8. If Applicant(s) is/are renting the property designated by this Application, and said electric service is in jeopardy of being disconnected, CLP reserves the right to discuss Applicant(s) utility bill and payment history with their landlord.

9. By signing this form, you authorize CLP to automatically enroll you in the Operation Round Up Program. If you do not want to be enrolled in this program, a signed Opt Out form must be on file with CLP.
10. By signing this form, you authorize CLP, if necessary, to utilize a telephone, an automated telephone dialing system (ATDS), texting, and/or email notifications of important information.
11. Only persons listed on this form will have access to account information.
12. Failure to sign and return this application will result in disconnection of electric service.

This Agreement shall be binding upon, and inure to, the benefit of the successors, legal representatives and assigns of the respective parties hereto;

Address: _____ City/State: _____ Zip: _____

Service Type: ☐ Transfer of Ownership ☐ Transfer of Renter ☐ Transfer Name Only ☐ Transfer of Class

IN WITNESS WHEREOF, the parties hereto have executed this Agreement this ____ day of _____, 20____.

Primary Applicant:

Name: _____

Signature: _____ Date: _____

Billing Address: _____

City/State/Zip _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Social Security # _____ - _____ - _____

Date of Birth: _____

Tax ID # if applicable: _____

Co-Applicant:

Name: _____

Signature: _____ Date: _____

Billing Address: _____

City/State/Zip _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Social Security # _____ - _____ - _____

Date of Birth: _____

CLP USE ONLY

The above Application for new Membership accepted _____

Service Location #: _____ Service District #: _____ Service Account #: _____

Rate Schedule _____ Date Service Available _____

☐ Identification Verified: Type: _____ By: _____ Date: _____

☐ Credit Verification Waived: By: _____ Date: _____

☐ Credit Verification **NOT** Waived:

☐ \$ _____ Deposit Required By: _____ Date: _____