

**THIS PORTION COMPLETED BY MVP**

LOCATION NUMBER: \_\_\_\_\_ BY CSR: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

**CUSTOMER INFORMATION/to be completed by customer**

**CUSTOMER**

**SPOUSE/CO-CUSTOMER**

NAME: \_\_\_\_\_  
HOME PHONE NO. \_\_\_\_\_  
MSG PHONE NO. \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
EMPLOYER'S PHONE NO. \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_  
DRIVER'S LIC. # & State \_\_\_\_\_

NAME: \_\_\_\_\_  
HOME PHONE NO. \_\_\_\_\_  
MSG PHONE NO. \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
EMPLOYER'S PHONE NO. \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_  
DRIVER'S LIC. # & State \_\_\_\_\_

**LIST NAMES & BIRTHDATES OF OTHERS WHO RESIDE IN HOUSEHOLD IF ELDERLY & UNDER 6 YRS OF AGE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST CLOSEST RELATIVE OR FRIEND NOT LIVING WITH YOU:	PHONE NO:	HOW RELATED:
1. _____	_____	_____
2. _____	_____	_____

**CUSTOMER ON LIFE SUPPORT OR WITH SPECIAL NEEDS**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ POLE NO. \_\_\_\_\_  
FIRE NO.: \_\_\_\_\_ METER NO.: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

SITUATION: \_\_\_\_\_

IF CUSTOMER IS ON LIFE SUPPORT, HOW LONG WILL BACK-UP LAST? \_\_\_\_\_

For office use only: CSR entry made by: 1) ELSA, Hit F1 twice; go to LIFE & note situation in space provided. Send copy of info w/name, address, meter no., location, and life support note to Billing Supervisor for special meter seal purposes.

## BUSINESS INFORMATION SHEET

This Portion to be completed by MVP	
Account # _____	CSR _____
Location # _____	Date _____
Name & Address Code _____	

### Business Information to be Completed by Customer

Business Name \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

Business Manager or owner \_\_\_\_\_

Business Phone \_\_\_\_\_      Msg Phone \_\_\_\_\_

Federal Id # \_\_\_\_\_      or      Social Security # \_\_\_\_\_