

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

Updated: June 28, 2016

*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, 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. 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 authorizes 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.
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. 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\_\_\_\_\_.

Check this box to acknowledge: My/our signature(s) below authorize(s) CLP to perform "soft hit" credit check on the primary applicant to determine the amount of deposit that may be required.

Check this box to acknowledge: My/our signature(s) below authorize(s) CLP, if necessary, to utilize a telephone, an automated telephone dialing system (ATDS), texting, and/or email notifications of important information.

**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: \_\_\_\_\_