



METER CONNECT FORM

4831 Eagle Street
Anchorage AK 99503-7497
1-800-478-1818
1-800-478-2389 (Fax)

Date: _____ I (We) hereby request electric utility service to this premises herein described

Meter Serial Number: _____

Name: _____ Joint Member Name: _____

If service is for an **Organization**, please provide **Name and Title** of person making request: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Description of physical location: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Are any other adults residing at this location? Yes No

Name: _____ Contact: _____

Name of person(s) other than signer(s) who is/are authorized to receive bills, notices, and otherwise act for you in your absence:

Name: _____ Contact: _____

Have you had prior **AVEC** service? Yes No If so, where and when? _____

Primary use of service Residential Commercial Public Facility Other

Are you the owner of the property? Yes No If not who is the owner (provide contact information below)

Name: _____ Contact: _____

Do you have life support equipment? Yes No If so what type? _____

List anyone who should be notified in case of disconnection:

Name: _____ Contact: _____

I agree, as a condition of membership, to be bound by and comply with the Articles of Incorporation and Bylaws of the Cooperative and the Rules and Regulations duly adopted pursuant thereto, including, but not by way of limitation, all rules to the payment of fees, deposits, and other obligations incidental to such membership of the purchase of electric utility service, or other goods or services. I further agree to purchase from the Cooperative all electrical service on the premises described herein and to cause the wiring of these premises to conform to the minimum standards of the Cooperative. The applicant hereby grants at no cost to the Cooperative a right-of-way easement to construct, operate, and maintain electric lines or system on the land where service is requested and in or upon all streets, roads, or highways abutting said land, necessary to furnish electric service to the applicant and others in the immediate area.

X _____
Signature of Applicant NOTE: Application must be signed Name of Firm or Agency

To be filled out by AVEC Representative:

AVEC headquarters must be contacted prior to installation of a meter or transfer from another person. Approval must be received from the AVEC headquarters in order to continue.

Connection Date: _____ Person making connection: _____ Approval Name: _____

Meter Serial Number: _____ Reading at Connection: _____

Location Information Pole #: _____ Transformer Number: _____

Was meter transferred from another person? Yes No If so who? _____

If meter is being installed: Prior Occupant at Service: _____ Date Last Connected: _____

Was AVEC seal installed? Yes No If not, why? _____

For locations with Automatic Meter Reading meters:

Please call the AVEC Headquarters to arrange for online connection if meter is in place and disconnected. Please provide the meter serial number when calling for approval. A completed and signed membership form must be included with the Connect form or the consumer may be subject to disconnection.

HEADQUARTERS USE ONLY

Account # _____ Location # _____ Route: _____

Rate: _____ PCE? _____ Taxes? _____ Elster _____

SO/WO # _____ Entered By: _____ Date Entered: _____

** To be completed by Consumer. Information must be supplied by consumer before service can be connected. Please note Membership Form must be completed and returned with this form. If membership form is not received, service is subject to disconnection until form is received**