

Power Cost Equalization Community Facility Information Sheet

Utility Name: Alaska Village Electric Cooperative, INC.

Facility Name & Account Number: _____
(please complete one sheet per account/meter)

Owner of Facility: _____

Operator of Facility: _____

Type of Facility: _____

List all functions and/or services of this facility: _____

Is any portion of this facility leased to any individual, business, or non-profit? YES NO

If YES, what portion or %? _____

Does this portion have a separate meter? YES NO If YES, meter #? _____

If PCE credit received on all kWh's consumed? YES NO

Is facility billed by the utility for all kWh's consumed? YES NO

Current account balance (amount owed to utility): \$ _____ Zero (Current)

List all funding sources for the operation of this facility, including State & Federal Grants:

1.	_____	\$	_____	%
2.	_____	\$	_____	%
3.	_____	\$	_____	%
4.	_____	\$	_____	%
5.	_____	\$	_____	%

Please attach a copy of the following:

- A copy of the most recent budget for this facility
- A copy of the most recent electric bill for this service (showing payment and balance due)

***Please note that one information sheet is required for **EACH** meter and/or account.

***A copy of the bill is needed for **EACH** information sheet →meter/account

***One copy of the budget, so long the budget covers all the services, can be provided as backup if submitted at the same time.

I hereby certify that the information provided is true and accurate to the best of my ability.

Authorized Signature Title Date

Printed Name: _____

Contact Phone Number: _____ Email: _____