



Kit Carson Electric Cooperative, Inc.

P.O. Box 578
Taos, NM 87571

Email: csr@kitcarson.com

1-800-688-6780 or 575-758-2258

Customer Service: 1-800-944-8159 or 575-751-9064

FAX# 575-758-4611

Request for Electric Service

Consumer Information		Please Fill Form Completely. If not applicable, specify N/A			
Type of Account (Check Box)	<input type="checkbox"/> Primary Residential	<input type="checkbox"/>	<input type="checkbox"/> Secondary Residential	<input type="checkbox"/>	Scheduled Date of Service
Commercial/DBA (Commercial Accounts Only)	<input type="checkbox"/>	Tax ID# (Commercial Accounts Only)		<input type="checkbox"/>	
Business Name (Commercial Accounts Only)					
Name (Last, First, Mid Initial)					
Spouse's (Last, First, Mid Initial)					
Mailing Address					
City, State & Zip Code					
Home Telephone#			Cell Phone#		
Other Telephone#			Work Telephone#		
Social Security #			Spouse Social Security#		
Drivers License #			Spouse Driver License#		
Location Information		Please provide any of the following information below		<p>*Please attach a clear copy of Drivers License or Picture ID</p> <p>*<u>Service Charge</u>: \$15.00 Residential, \$50.00 Commercial/per Meter Service Charge is a One Time Non-Refundable Fee Billed on first statement.</p> <p>* <u>Refundable Deposit</u>: is required prior to connection of service. Call or E-mail for Deposit Amount and/or info on Letter of Credit</p>	
Physical Address		<input type="checkbox"/>			
Previous Customer Name		<input type="checkbox"/>			
Meter Number		<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>			
Would you like E-Billing(paperless billing)? Y N					
Email Address:					
<p>CUSTOMER ACKNOWLEDGES RECEIPT OF THE COOPERATIVE BY-LAWS AND AGREES THAT PATRONAGE CAPITAL AND/OR DEPOSITS UNCLAIMED FOR TWO (2) YEARS AFTER DATE OF DISTRIBUTION SHALL BE DEEMED ASSIGNED TO THE KIT CARSON ELECTRIC EDUCATION FOUNDATION FOR EDUCATIONAL SCHOLARSHIPS OR OTHER CHARITABLE PURPOSES IN ACCORDANCE WITH BY-LAW ARTICLE VII, SECTION 3.</p>					
Customer Signature			Date		
For Office Use Only					
Type of Service					
Membersep#					
Location#					
Connect			<input type="checkbox"/> New Service		
Read In/Read Out			<input type="checkbox"/> Street Light Connect		
Service Charge Amount		<input type="checkbox"/> Paid		<input type="checkbox"/> Billed	
Deposit Amount		<input type="checkbox"/> Paid		<input type="checkbox"/> Billed	
Letter of Credit		* Must be received within 10 business days of transfer*			
Comments:					
Employee Signature				Date:	