



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)	Primary Residential		Secondary Residential		Scheduled Date of Service
Commercial/DBA (Commercial Accounts Only)			Tax ID# (Commercial Accounts Only)		
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#		
Would you like E-Billing(paperless billing)? Y N Email Address:					
Location Information		Please provide any of the following information below		*Please attach a clear copy of Drivers License or Picture ID * Service Charge: \$15.00 Residential, \$50.00 Commercial/per Meter Service Charge is a One Time Non-Refundable Fee Billed on first statement. * Refunable Deposit: is required prior to connection of service. Call or E-mail for Deposit Amount and/or info on Letter of Credit *Letter of Credit must be received within 10 business days of transfer.	
Physical Address					
Previous Customer Name					
Meter Number					
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.					
Customer Signature			Date		
For Office Use Only					
Type of Service					
Membersep#					
Location#					
Connect		New Service			
Read In/Read Out		Street Light Connect			
Service Charge Amount		Paid		Billed	
Deposit Amount		Paid		Billed	
Letter of Credit * Must be received within 10 business days of transfer*					
Comments:					
Employee Signature				Date:	