

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF INDIAN AFFAIRS  
\_\_\_\_\_ AGENCY

ELECTRICAL SERVICE APPLICATION

Signers

Social

Security# \_\_\_\_\_

Customer

Name: \_\_\_\_\_

Last

First

Middle

Social Security# \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Billing

Address: \_\_\_\_\_

Telephone: (HM) \_\_\_\_\_

(WK) \_\_\_\_\_

Next of Kin: (Not living with you) \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Legal Description (lot/block, ect.): \_\_\_\_\_

Type of Service Required:

Residential \_\_\_\_\_

Commercial \_\_\_\_\_

Prior BIA Customer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you or spouse owe a balance? Yes \_\_\_\_\_ No \_\_\_\_\_

Date Service Wanted By: \_\_\_\_\_

Existing or New Service? \_\_\_\_\_

=====  
=====  
Check for Security Light: Initial \_\_\_\_\_

Route # \_\_\_\_\_

Stop # \_\_\_\_\_

Account # \_\_\_\_\_

New Cust # \_\_\_\_\_

Meter # \_\_\_\_\_

Amps \_\_\_\_\_

Volts \_\_\_\_\_

Phase \_\_\_\_\_

S/W/O # \_\_\_\_\_

Read-out Customer # \_\_\_\_\_

Name \_\_\_\_\_

Additional

Information: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information Received By: \_\_\_\_\_ Date: \_\_\_\_\_

THIS INFORMATION IS BEING COLLECTED TO DETERMINE THE CONSUMERS ELECTRICAL NEEDS, AND WILL BE USED TO DETERMINE CONSUMPTION COSTS. RESPONSE TO THIS REQUEST IS REQUIRED TO OBTAIN A BENEFIT IN ACCORDANCE WITH 25 CFR 175.

**Pursuant to the Debt Collection Improvement Act of 1996 (Public Law 104-134), you are required to furnish our office your taxpayer identification number (TIN). If you do not have a business TIN, then your Social Security Number is your TIN.**

**Paperwork Reduction Act Notice of 1995:** This information is being collected is required under the Debt Collection Improvement Act of 1996 (DCIA) from individuals and businesses doing business with the government. Public reporting burden for this form is estimated to average 30 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Bureau of Indian Affairs, 625 Herndon Parkway, Herndon, VA 20170.. Note: comments, names and addresses of commentators is available for public review during regular business hours. If you wish us to withhold this information you must state this prominently at the beginning of your comment. We will honor your request to the extent allowable by law. A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The number and expiration date are displayed in the upper right corner of the form.

**Privacy Act Statement (5 U.S.C. 552 (a)):** The Privacy Act, as amended, authorizes the collection of this information. The primary use of this information is to identify the recipients of the irrigation water. Disclosure of information may be to: U.S. Department of Justice or in a proceeding before a court or adjudicative body; Federal, state, local, or foreign law enforcement agency; Members of Congress; Department of Treasury to effect payment; Federal agency for collecting a debt; and other Federal agencies to detect and eliminate fraud.