

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS



ELECTRIC SERVICE APPLICATION

SAN CARLOS IRRIGATION PROJECT

P.O. BOX 250
COOLIDGE, ARIZONA 85128
(800) 648-8659 scipbusiness@bia.gov

COLORADO RIVER AGENCY

12000 1ST AVE
PARKER, ARIZONA 85344
(928) 669-7173 ES_Billing@bia.gov

Check here to apply for service with SCIP

Check here to apply for service with CRA

CRIT Reservation Only

TYPE OF REQUEST (select all that apply)

New Service New Construction Upgrade Relocation Lighting Update Account Info

Other _____ Requested In-Service Date ____/____/____

APPLICANT Owner Renter Contractor Previous Customer? Yes No

SSN/TIN _____ Driver License No. _____ State _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____ Alt. Phone _____

Email _____ Paperless Billing Yes No

CO-APPLICANT Previous Customer? Yes No

SSN/TIN _____ Driver License No. _____ State _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____ Alt. Phone _____

Email _____ Paperless Billing Yes No

ADDRESS OF PROPERTY TO BE SERVED Check here if same as mailing address

Street Address _____ Unit # _____ City _____ Zip _____

Nearest Cross Street _____ Special Instructions _____

PRIMARY SITE USE

RESIDENTIAL	COMMERCIAL	PUMPING	LIGHTING
Single House <input type="checkbox"/> Apartment <input type="checkbox"/>	Store <input type="checkbox"/> Warehouse <input type="checkbox"/>	Agricultural <input type="checkbox"/>	DD Light (150 Watt) <input type="checkbox"/>
Duplex <input type="checkbox"/> Mobile <input type="checkbox"/>	Office <input type="checkbox"/> Restaurant <input type="checkbox"/>	Non-Agricultural <input type="checkbox"/>	DD Light (250 Watt) <input type="checkbox"/>
Other _____	Other _____		Qty _____

Additional site information: _____

SERVICE SPECIFICATIONS (See Note 1 and Note 2 on page 2)

Project Name (if applicable) _____ Overhead Underground

120/240V 1Ø phase, three wire 120/208V 3Ø phase, four wire 277/480V 3Ø phase, four wire

Load _____ Amps Capacity _____ kVA Total hp Motors _____ hp

Additional Information for design consideration: _____

ELECTRIC SERVICE APPLICATION

Request for Taxpayer Identification Number: In accordance with the Debt Collection Act of 1996, you are required to provide your taxpayer identification number. This number may be used to make payments (refunds) or for purpose of collecting and reporting on any delinquent amounts arising out of your relationship with the Federal Government.

The Privacy Act, as amended, authorizes the collection of this information, The primary use of this information is to identify the recipients of electrical utility service. Disclosures of Information may be to: U.S. Department of Justice or in a proceeding before a court or adjudicating 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 debt.

Paperwork Reduction Act Statement: This information being collected is required under the Debt Collection Improvement Act of 1996 from individuals and businesses doing business with the government. This form is covered by the Paperwork Reduction Act. It is used to establish the nature and amount of a claim the respondent can make against the Federal government. The information is provided by respondents to obtain or retain a benefit. 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 Attn: Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240. Note: comments, names and addresses of commentators are 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. While you can ask us in your comment to withhold your personal identifying information from public review, we cannot guarantee that we will be able to do so. 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.

Note 1: For services requiring construction, allow a minimum of eight weeks for engineering and design. After full payment is received, allow a minimum of six weeks for start of construction. In addition to deposit and connection fees, a construction advance payment may be required before installation can be made; electric lines extended; DD light(s) installed or service connected.

Note 2: All customer-owned wires and equipment must be inspected by the appropriate governing building safety authority and a clearance provided to the utility before electric service can be connected for any of the following: (1) New service (2) Service is disconnected for the purpose of maintenance, relocation, or upgrades to the customer’s side of the meter OR (3) Service is turned off for a period of six months or longer. Exceptions: Seasonal customers may be extended to twelve months in accordance with the providers operational manual.

Life Support Certification: Most power outages are caused by unpredictable events such as wind, lightning, accidents or wildlife. Please make preparations for unpredictable power outages. We encourage customers to install a battery back up system to power life support devices, monitors and other related systems. A medical form on file does not guarantee your service will not be disconnected for unpaid electric bills and medical accounts are subject to the same bill payment terms as other accounts. Before disconnection of service occurs, please contact us to determine if a payment arrangement is available. A medical form is available to all customers that need essential medical equipment in their home to sustain life. The medical form must be completed by both the customer and the customer’s physician. Please complete and email the form back to your respective utility.

CHECK IF APPLICABLE

Applicant’s Name _____ (Please Print)

Applicant’s Name _____ (Please Print)

Signature _____

Signature _____

Date _____

Date _____

*** Office Use Only ***

Account No. _____	Revenue Class _____	Check/MO # _____
Location No. _____	Service Rates _____	Security Deposit _____
Lighting Rate _____	Number of Lights _____ Type: _____	Connection Fee _____
Billing Preference <input type="checkbox"/> eBill <input type="checkbox"/> Paper	Medical Exemption <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Fees _____
		Total Fees _____
		Date of Receipt _____

Completed By _____

Approval By _____

Date _____

Date _____