



Headquarters: P.O. Box 817, Nucla, Colorado 81424 (970)864-7311, 1-877-864-7311  
Office Hours: 7:00 AM to 5:30 PM, Monday thru Thursday (970)864-7423 FAX

## REQUEST FOR DISCONTINUANCE OF ELECTRIC SERVICE

Name(s) on the account: _____				
Account #: _____		Phone #: _____		
Service Address: _____				
	Street	Unit	City	Zip
Is This Address a Rental Unit? ( ) Yes ( ) No If yes, owners phone #: _____				
Owners Name: _____				
Owners Address: _____				
	Street	Unit	City	Zip
Mailing address for final bill: _____				
	Street or PO Box	Unit	City	Zip
<p>I(We) hereby request the electrical service provided to the address listed above by San Miguel Power Assn. be disconnected. I(We) understand and agree that I(We) are responsible for electrical usage and the bill thereon until the date of the final meter reading and actual disconnect. This agreement becomes effective the date it is signed. By signing below I certify that I am authorized to enter into this agreement and agree to hold harmless and indemnify San Miguel Power Assn. for any damages whatsoever as a result of this agreement. In case of default I agree to pay court cost, reasonable attorney's fee, and all collection costs.</p>				
Request Date for Disconnect: _____				
Authorized Customer Signature: _____				

**If you would like to have your final bill billed to your MasterCard, VISA, or Discover card, please fill out the following:**


Card Type:      VISA                      MASTERCARD                      DISCOVER

Card #: \_\_\_\_\_      EXPIRATION DATE: \_\_\_\_\_      \*SECURITY CODE: \_\_\_\_\_

NAME ON THE CARD: \_\_\_\_\_      AUTHORIZED SIGNATURE: \_\_\_\_\_

\*THIS IS THE 3-DIGIT NUMBER PRINTED ON THE BACK OF THE CARD IN THE SIGNATURE AREA.

**PLEASE RETURN REQUEST TO:  
P.O. BOX 817, NUCLA, CO 81424, (970) 864-7311, FAX (970) 864-7423**


  
**SAN MIGUEL POWER ASSOCIATION**

Headquarters: P.O. Box 817, Nucla, Colorado 81424 (970)864-7311, 1-877-864-7311  
 Office Hours: 7:00 AM to 5:30 PM, Monday thru Thursday (970)864-7423 FAX

## APPLICATION FOR ELECTRICAL SERVICE AND MEMBERSHIP

The Applicant(s) agree to be responsible for the electric charges at the location designated below until such time that the Applicant(s) request in writing a discontinuance of service. It is agreed that all bills will be paid by the appropriate due date and failure to do so may result in discontinuance of service. This application for electrical service shall constitute a service contract between the Applicant(s) and the Association. The Applicant(s) agree to be bound by the Rules and Regulations of the Association. In the event that this application is not signed, it is agreed that the Applicant(s) use of electric service shall constitute a service contract just as though the application were signed. Applicant(s) agree to pay court costs, reasonable attorney's fees, and all collection costs if in default of this agreement. Applicant(s) agree that a facsimile of the original will be considered as valid as the original. The Consumer assumes all responsibility on the Consumer's side of the point of delivery for service supplied or taken, as well as for the electrical installation and appliances used in connection with such service and will indemnify, save harmless and defend the Association against all claims, demands, cost or expense, for loss, damage to or injury to persons or property, in any manner directly or indirectly connected with, or growing out of, the transmission or use of electric service, by the Consumer, at or on the Consumer's side of the point of delivery. San Miguel Power Assn. is not liable for any damage to the Consumer's electronic equipment. Point of Use surge protection should be installed to protect these devices. I have read and understand the above.

### PLEASE PROVIDE THE FOLLOWING INFORMATION. (PLEASE PRINT)

APPLICANT NAME(S): \_\_\_\_\_  
 (As you wish them to appear on the account)

APPLICANT(S) SOCIAL SECURITY NO.(S): \_\_\_\_\_

IF APPLICANT IS A BUSINESS, PLEASE PROVIDE A CONTACT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Street or PO Box

City

State

Zip

PHONE #'S: \_\_\_\_\_

Home

Business

Fax

Cell or Mobile

SERVICE ADDRESS: \_\_\_\_\_

Street

Unit #

City

Zip

IF RENTING,  
 PROPERTY OWNER'S NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

REQUEST DATE FOR SERVICE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_  
 (All applicants must sign)

APPLICANT'S SIGNATURE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_  
 (All applicants must sign) (All applicants must sign)

For your convenience, we accept, MasterCard, VISA & Discover. If you would like to bill your connect fee/deposit/final bill on your card, please fill out the following: CARD NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_ \*SECURITY CODE \_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_

\*THIS IS THE 3-DIGIT NUMBER PRINTED ON THE BACK OF THE CARD IN THE SIGNATURE AREA.

If you would like to have your monthly bill automatically paid by either a Bank Draft or Credit Card Draft please contact your local office for the details.

REMARKS \_\_\_\_\_

PLEASE RETURN APPLICATION TO:  
 P.O. BOX 817, NUCLA, CO 81424, (970)864-7311, FAX (970)864-7423

### FOR SMPA USE ONLY

CONNECT FEE \_\_\_\_\_ DEPOSIT FEE \_\_\_\_\_ DIRECTOR DIST. \_\_\_\_\_ MEMBER ON \_\_\_\_\_

LOCATION # \_\_\_\_\_ S/O # \_\_\_\_\_ NC # \_\_\_\_\_

NOTES \_\_\_\_\_