

PO Box 67  
1135 N. Church St.  
Halls, TN 38040



Phone: (731)836-7508  
(731)285-7500  
(731)677-2360  
Fax: (731)836-5070  
Web: www.forkeddeer.com

Office Hours: Monday – Friday 7:00 a.m. – 5:00 p.m.

Pay your bill or check your balance 24/7 by phone: 844-333-2729

## APPLICATION FOR ELECTRIC SERVICE

I (We) \_\_\_\_\_ (complete name, please print) hereby make application to Forked Deer Electric Cooperative, Inc., for electric service to the address designated below. Under Title VI of the Civil rights Act of 1964 Forked Deer Electric Cooperative, Inc. will not tolerate discrimination based on an applicant's race, color, national origin, age or disability.

**In consideration of this application, the undersigned agrees as follows:**

1. The undersigned shall pay and be responsible for all electric utility service furnished to the location designated below as measured by the appropriate electric meter maintained at said location and billed in accordance with the established electric rates and bylaws of Forked Deer Electric Cooperative, Inc. as amended from time to time.
2. The undersigned shall permit and allow authorized representatives of Forked Deer Electric Cooperative, Inc., free access to the location designated below at all reasonable times for the purpose of installing, inspecting, reading, repairing or removing property of Forked Deer Electric Cooperative, Inc.
3. The undersigned shall pay and be responsible for all costs, including attorney fees, incurred by Forked Deer Electric Cooperative, Inc. in the collection of past due amounts owed by the undersigned for electric service provided hereunder.
4. The undersigned acknowledges that the application and the electric service provided hereunder are subject to and governed by the bylaws of Forked Deer Electric Cooperative, Inc., which are open for inspection at cooperative headquarters in Halls, Tennessee.

Customer Signature \_\_\_\_\_

Location # \_\_\_\_\_

Customer # \_\_\_\_\_

Billing Address \_\_\_\_\_

Employer \_\_\_\_\_

Service Address \_\_\_\_\_

Employer's phone # & Address \_\_\_\_\_

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

Customer's Phone # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Spouse's Name \_\_\_\_\_

\$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Amount of Fees Paid Application Date

Name & Phone of nearest relative  
Not living with you \_\_\_\_\_

Taken By \_\_\_\_\_

Connect Electric service:

ASAP

Not Before: Date \_\_\_\_\_ Time: \_\_\_\_\_

Customer Initials: \_\_\_\_\_