

# CCPPD Application For Service

In Office



We ask that you take care of the following details:

- \* Fill out our application for service after reading the terms and conditions listed below. Please complete the form in full.
- \* Cuming County PPD may require a deposit based on prior utility credit history before your service can be connected. Your application will not be processed until the deposit, if necessary, is paid.

If you prefer, you can fill out the application for service at our office located at 500 S Main in West Point, Nebraska. Office hours are 7:30 A.M.-4:00 P.M.

By submitting this application for service form, you agree to the following terms and conditions:

The applicant agrees to pay for electric service delivered in accordance with the terms and conditions set forth in Cuming County Public Power District's rate schedules, including any applicable fees or interest charges. Copies of the rate schedules can be picked up at the office. Copies of Cuming County PPD policies and procedures are available upon request. A deposit may be required before a service is energized. By providing Cuming County PPD with your phone number(s), you are giving express written consent to call that phone number for Cuming County PPD business. It is the goal of Cuming County PPD to provide reliable energy, however Cuming County PPD is not financially responsible for damage sustained to personal property as a result of power voltage fluctuations or power disruptions for which it is not negligent. We encourage you to obtain appropriate insurance that will protect your property in the event of power voltage fluctuations or power disruptions. If the applicant is the owner of the property, they acknowledge Cuming County PPD's right to trim or remove vegetation in the right of way area in order to maintain proper clearance for power lines on the property.

I have read and agree with the Terms and Conditions

## Operation Round-Up®

Operation Round-Up® is a program designed for customers who wish to donate each month to community organizations/individuals who apply for funding. If you sign up for this program, your bill would be rounded up to the next dollar each month. On average, participating customers contribute about \$6.00 per year. The CCPPD Operation Round-Up® board members meet twice a year to decide where funding should be distributed. If you have any questions about Operation Round-Up®, call 402-372-2463 or toll free 877-572-2463.

APPLICATION ON BACK

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## Customer Information

This is the primary person(s) or business financially responsible for the new account. If you have questions about the Application for Service, please call Cuming County Public Power District at 402-372-2463.

Name  Birthdate   
MM DD YYYY

Drivers License #  Drivers License State

Phone  Employer

Alternative Phone

Have you received service from CCPPD before?

- Yes  
 No

## Co-Applicant Information

This person is also responsible for payment on the account.

Co-Applicant Name  Co-Applicant Birthdate   
MM DD YYYY

Co-Applicant DL#  Co-Applicant DL State

Co-Applicant Phone  Co-Applicant Employer

Relationship to Applicant

## Mailing Information

Where we should mail bills, notifications, etc.

Address

Street Address

Address Line 2

City  State

Zip Code

Email

- Check here for our monthly emails.  
 Check here for our grassroots emails.

## Property Information

Meter Number (if available)

- Check here if address is same as Mailing Address

Address

Street Address

Address Line 2

City  State

Zip Code

## Ownership

Do you own or rent this property?

Ownership Status

- Own  
 Rent

Name of the previous owner or tenant (if available)

Landlord (if applicable)  Landlord Address

## Service Start Date

Date you want service to start\*

MM DD YYYY

## Tax Exempt

Is this property tax exempt? If so, please fill out Tax Exempt Form.

- Yes Please fill out Tax Exempt Form  
 No

## Operation Round-Up®

- Yes, I would like to participate in the Operation Round-Up® Program. I wish to have my monthly electric bill rounded up to the next highest dollar.  
 Yes, I would like to participate in the Operation Round-Up® Program. I wish to contribute \$ \_\_\_\_\_ per month to the Operation Round-Up® Program, and the amount will be added to my monthly electric bill.

(See short explanation of Operation Round-Up® on the other side of this paper)

Signature

Signature (Co-Applicant)

