



A Touchstone Energy® Cooperative

# Member Information

Applicant's Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever had service with PRECorp? NO YES

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Best phone number(s) to reach you in the event of a power outage: \_\_\_\_\_

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

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

Bank or Credit Union: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse/Roommate's Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse/Roommate's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

List Two Relatives or Friends who do not live with you:

1.	NAME	RELATIONSHIP	ADDRESS	PHONE
2.	NAME	RELATIONSHIP	ADDRESS	PHONE

Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Account information will not be provided to anyone other than the account holder(s) without written authorization from account holder(s). If applicable, please list others (spouse, roommate, family members) you authorize PRECorp to release your account information:

\_\_\_\_\_

Is there a DISABILITY or LIFE THREATENING CONDITION that requires electricity? NO YES (If yes, please explain.)

If yes, you will need to provide PRECorp with a written statement from your physician to be placed in your file.

Powder River Energy Corporation will make every effort to restore electrical service as soon as possible during an outage. There is no guarantee the power will be restored within a given time frame. Individuals are responsible to have an alternative if power cannot be restored before any condition becomes critical.

I authorize any holder of information regarding the financial status or collection of my account, including employment verification, to release said information to Powder River Energy Corporation.

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