



Member Information

Operation RoundUp

One account

All accounts

Round up to the next dollar and give to local charities.

Applicant's Full Name: _____ SS#: _____ Date of Birth: _____

Outage Phone: _____ Alt. Phone: _____ E-mail: _____

New Service Address

Effective Date:

Mailing Address: _____

Previous Address: _____

Applicant's Employer: _____ Phone: _____

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

Spouse/Roommate's Phone Number: _____ Employer: _____

Is spouse/roommate authorized to receive account information? NO ☐ YES ☐

List TWO relatives or friends who do not live with you:

1.	NAME	RELATIONSHIP	ADDRESS	PHONE
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2.	NAME	RELATIONSHIP	ADDRESS	PHONE
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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 you authorize PRECorp to release your account information:

Is there a DISABILITY or LIFE THREATENING CONDITION that requires electricity? NO ☐ YES ☐

If yes, you will need to provide Powder River Energy Corp with a written statement from your physician before the MEDICAL NECESSITY ALERT is entered on your account.

I understand 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.

Initial: _____

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: _____

MSR/DATE _____

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Powder River Energy Corporation is an equal opportunity provider and employer.