



NEW SERVICE INFORMATION

Date: _____

Copy to Member Services

Copy to Billing

Dear Consumer, Please complete your initial contact information and the **Member Information** and **Co-op Service Initial Information** sections and return the Dakota Energy to request a new service.

Name: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Member Information:

Current Member: Yes No If Yes, Customer Number: _____

If No, Application Completed: Yes No

Deposit Required: Yes No Circle one: Deposit or Approved Credit History

Preferred Payment Method: ACH Monthly Bill

Co-op Service Initial Information:

Type of Service: Residential Non-residential 3-Phase Temporary Description: _____

Interested in Security Light: Yes No If yes, Rental Own Circle one: Metered or Unmetered

Legal Description: T_____ R_____ Sec._____ NW NE SW SE

Service/911 Address: _____ City: _____

Landowner Name: _____ Landowner Phone: _____

Landowner Address: _____

Please return to Dakota Energy Cooperative. Thank you!

Co-op Service Information:

Work Order No: _____ Rate: _____

Load Size: _____ Voltage: _____ Amps: _____

Line Footage: OH _____ URD _____

Sub: _____ Feeder: _____ Phase: _____ County: _____