

Agreement and Application form Instructions Electrical District No. 4

GENERAL INSTRUCTIONS

- Please type or print clearly on the form(s).
- **Please make a copy of your application for your records.**

SPECIFIC INSTRUCTIONS

- All information must be filled out completely.
- **A copy of your driver's licenses is required.**

Signature

- The Form(s) must be signed by the primary person named on the application or agreement.

Deposit

- A security deposit is generally required. Please contact the District Office for specific information.

Contact Information

If you have any questions, please contact the District Office at:

Mailing Address:

ED4
PO BOX 605
Eloy, Az 85131

Office Location:

231 S. Sunshine Boulevard
Eloy, Az 85131

Phone: 520-466-7336
FAX: 520-466-7778
Email: payments@caidd.com

Mail the completed Form(s) to:

**ED4
PO BOX 605
Eloy, Az 85131**

Electrical District No. 4
Pinal County, Arizona
APPLICATION FOR ELECTRIC SERVICE

Date: _____

New or Existing Service? <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING		Type of Business:	
Last Name or Business Name:		First:	Middle:
Spouse:		In Care Of:	
Mailing Address:			
City:	State:	Zip:	Country:
Home Phone:		Secondary Phone:	
Emergency Contact other than spouse:		Contact Phone:	
<i>Will anyone at this location be on any type of life support equipment?</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do You Own or Rent? <input type="checkbox"/> OWN <input type="checkbox"/> RENT			
Landowners Name:		Landowners Phone #:	
Landlords Mailing Address:			
City:	State:	Zip:	Country:
Employer Name:		Employer Phone:	
Employer Address:			
City:	State:	Zip:	Country:
Social Security #		Driver's License # <small>(Required)</small>	State Issued:
E-Mail Address:		E-Bill Only: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Service Address:			
Requested Service Connection Date:			

** To the best of my knowledge the above information is true and accurate **

Customer Signature:	Date:
---------------------	-------

For Office Use Only

Account #:	
Deposit #:	
Deposit Amount:	Type of Payment:
Special Instructions:	
Employee Initials:	

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above named customer, that the above-listed documents appear to be genuine and to relate to the customer named, that the customer began service on (MM/DD/YYYY) _____ and that to the best of my knowledge the customer is eligible for service.

Signature of Authorized Representative	Print Name	Title	Date