RESIDENTIAL APPLICATION FOR CONNECT
GOLDEN VALLEY ELECTRIC ASSOCIATION

Office Use Only

Member #_____

Name_____

_____

Location you are applying for electric service: _____

Date you wish to assume responsibility for such service: _____

Mailing Address: _____
Street or P.O. Box City Zip Code

Provide a phone password or PIN to be used for identification verification in lieu of a SSN or DLN# (optional) _____
PINs must be between 4-6 numbers in length

	Applicant	**Spouse / Co-applicant** (circle one)
Name	_____	_____
*Social Security No.	_____	_____
Driver's Lic.No./State	_____	_____
Birthdate	_____	_____
Email	_____	_____
Primary Phone No.	_____ Cell ☐ Land ☐	_____ Cell ☐ Land ☐
Alternate Phone No.	_____ Cell ☐ Land ☐	_____ Cell ☐ Land ☐

I am consenting to receive information relating to my account(s) and/or other GVEA business via automated calls, texts or email on any number (or any future telephone numbers) which I may provide to GVEA. I understand that I am responsible for notifying GVEA of any changes to my personal contact information.

Are you the: Owner ☐ **Other ☐

**If other than owner, please provide the owners name and contact information:

_____

_____

_____

In process of purchasing? Yes ☐ No ☐

Third Party Notification: You may designate a third party to receive a copy of any termination notice regarding disconnections initiated by GVEA. Some of the information this notice will contain includes the name and address of the member whose service is to be disconnected, the service address, the date of disconnection, and explanation of the reason for the proposed disconnection, and where appropriate, a statement of the amount of the delinquent bill. This designation does not entitle the party named to act on behalf of the member.

Name_____ Phone No._____ Email_____
Last First Middle Initial

Mailing Address_____

Members may be required to pay fees upon application. The Association also requires a separate deposit for each meter, unless an individual can provide a letter from the utility which last provided comparable service, stating that within the last twelve (12) months of continuous service, the applicant has not been past due in payment more than twice, has not been delinquent in payment in the last six (6) months, and the service must have been provided within the last two years. A deposit may be waived upon application of service for returning member upon satisfaction of these same criteria from the Association's records.

In connection with signing this application I/we give GVEA permission to run an Equifax Energy Risk Assessment, to determine if a security deposit is required and for identification purposes. *If a social security number is not provided, further identification will be required.

I understand that a misstatement in this application may result in GVEA refusing to provide service, disconnecting service, cancelling any membership or all of these results. I certify that all the information given above is true and correct to the best of my knowledge. By accepting service from GVEA, the applicant(s) agree to comply with Golden Valley Electric Association Bylaws, Articles of Incorporation, Policies, Operating Tariff and regulations adopted by the Directors.

If anyone at this location is using a life support system, please contact our credit office at (907) 452-1151.

_____ _____ _____
Signature of Membership Holder | Printed Name of Membership Holder | Date

_____ _____ _____
Signature of Spouse / Co-applicant | Printed Name of Spouse / Co-applicant | Date

PO Box 71249 ● Fairbanks, AK ● 99707-1249
Phone (907) 452-1151 Toll Free (800) 770-4832
Fax (907) 458-6365
ms@gvea.com