

| | For City of Seattle S | taff Use | |
|------------|-----------------------|-------------|--|
| Type of ID | Date Verified | Verified by | |

RESIDENTIAL ELECTRIC SERVICE APPLICATION

| To Open a Seattle City Light Account: First bill will include \$23.00 Setup Fee | | | | | | |
|--|-------------|--|---|--|--|--|
| ✓ Application must be filled out completely ✓ Fax application to (206) 684-3347 or Mail In | | | | | | |
| ✓ <u>New Seattle City Light Customers</u> identity must be validated through one of the following options: | | | | | | |
| Property owner/agent signs and dates the section below for tenant or Toponty visits are a few City of Section Service Content in parent or | | | | | | |
| • Tenant visits one of our City of Seattle Service Centers in person or | | | | | | |
| Tenant attaches a licensed notary statement or Tenant calls (206) 684-3000 | | | | | | |
| , | | | | | | |
| To Open a City Light Account: For late notification, accounts will be opened the date the application is received. | | | | | | |
| New Address: | Apt No | : | Move In Date of Occupancy: | | | |
| | | | A. SER | | | |
| Will You: ☐ Own | r/Agent for | this property | | | | |
| Rent Name: Address: | | | Phone: | | | |
| Tenant(s) or Occupant Information: | | | | | | |
| Primary Customer Information | | | | | | |
| Full Name: | | Daytime Phone: | | | | |
| Email: | | | Cell Phone: | | | |
| Mailing Address: | | Employer: | | | | |
| Customer's previous address: | | | | | | |
| Co-Occupant Information: | | | | | | |
| Co-Occupant Information: | | | | | | |
| Co-Occupant Information: Full Name: Daytime Ph | one: | | Cell Phone: | | | |
| D. J. D | | | Cell Phone: Exactly as viewed LL METER 4 DIAL METER 2 2 3 4 5 6 7 5 4 3 6 5 4 3 6 7 6 5 4 7 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 | | | |
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