
Member number

P.O. Box 220
Martin, SD 57551
(605) 685-6581
Email: lacreek@lacreek.com

APPLICATION FOR ELECTRICAL SERVICE

The undersigned applicant hereby applies for electric service and agrees to purchase electric energy from Lacreek Electric Association, Inc., upon the following terms and conditions.

1. The applicant will purchase from the Cooperative all electric energy used on the premises described below, and will pay therefore monthly in accordance with the Bylaws of the Cooperative.
2. The applicant grants the Cooperative an easement on applicant's property as provided in the Cooperative's Bylaws and Policies.
3. The applicants will comply with the provisions of the Articles of Incorporation and Bylaws for the Cooperative, and all rules, policies, and rates schedules established pursuant thereto, as all the same now exist or hereafter are adopted or amended. The Bylaws are available on Lacreek Electric's website (lacreek.com) or by request. Also included with this membership the applicant hereby agrees that \$6.00 of the amount paid for electricity each year is for a subscription to the Lacreek Electric Cooperative Connections.
4. Lacreek Electric Association, Inc., does not guarantee uninterrupted service. Lacreek Electric Association shall not be responsible for outages caused by Acts of God or other acts beyond their control. Consumers are responsible for giving notice to Lacreek Electric Association of any outages or other service problems. Lacreek Electric Association may at any time suspend service to consumers for making repairs, changing or improvements in the system. Lacreek Electric Association shall not be liable for any damages resulting from such interruption or failure.

Applicant's name (Please print)

Spouse's name (Please print)

Social Security number

Social Security number

Date of Birth

Date of Birth

Box Number or Address

Box Number or Address

City State Zip

Email address

Signature of Applicant

Signature of Spouse

Telephone number

Witness
In case of address change, who may we contact?

Witness

Name

Box number or address

City State Zip

(For office use only)

The above application for service accepted this _____ day of _____, _____.
Lacreek Electric Association, Inc.

By: _____

*This information is on a voluntary basis.