



**Amicalola  
Electric Membership Corporation**

544 Hwy 515 South  
Jasper, GA 30143  
Telephone: (706) 253-5200  
Fax: (706) 253-5213

A/C# \_\_\_\_\_  
Date: \_\_\_\_\_  
By: \_\_\_\_\_  
SVO# \_\_\_\_\_

**SERVICE APPLICATION**

Applicant's Legal Name: \_\_\_\_\_

S.S.# / Federal ID \_\_\_\_\_ \*Driver's License # \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # [ ] \_\_\_\_\_ Mobile # [ ] \_\_\_\_\_

Spouse \_\_\_\_\_ Spouse S.S.# \_\_\_\_\_

E-mail: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_ Phone # [ ] \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Phone # [ ] \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Phone # [ ] \_\_\_\_\_

Previous Mailing Address: \_\_\_\_\_

**"SERVICE REQUEST"**

County: \_\_\_\_\_ Desire Date: \_\_\_\_\_

Service Address: \_\_\_\_\_

Own: \_\_\_\_\_ Property Owner: \_\_\_\_\_

Rent: \_\_\_\_\_ Address: \_\_\_\_\_

Type of Service: (house) \_\_\_\_\_ (mobile home) \_\_\_\_\_ (temp) \_\_\_\_\_ (S/L) \_\_\_\_\_ (other) \_\_\_\_\_

Directions to Property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Applicant acknowledges that at the time he/she signed this application he/she received a copy of the Bylaws, Rules and Regulations and the Statement of Nondiscrimination. These Bylaws will require applicant to provide an easement for electric service to another member of the cooperative if required.*

*In the event your account is delinquent and collected through an attorney or a collection agency, additional collection fees and interest will be charged to your account. Applicant acknowledges and consents to the Cooperative receiving and obtaining applicant's credit report.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Fee \$ \_\_\_\_\_  
Consumer Deposit \$ \_\_\_\_\_  
Processing Fee (nonrefundable) \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

\*Please include a copy of your driver's license with application.