

# START/STOP SERVICE APPLICATION

Moves can also be completed online at PSE.com



Please print

## APPLICANT INFORMATION (CUSTOMER)

NAME \_\_\_\_\_ START DATE OF SERVICE \_\_\_\_\_

NEW SERVICE ADDRESS: (INCLUDING UNIT # IF APPLICABLE)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME/CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**PROVIDE ONE:** LAST FOUR OF SSN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ PASSPORT \_\_\_\_\_ MILITARY ID \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CURRENT EMPLOYER

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

PREVIOUS ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## CO-APPLICANT INFORMATION

NAME \_\_\_\_\_

HOME/CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**PROVIDE ONE:** LAST FOUR OF SSN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ PASSPORT \_\_\_\_\_ MILITARY ID \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CURRENT EMPLOYER

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

PREVIOUS ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## SIGNATURES

I CONFIRM BY SIGNING THIS SERVICE APPLICATION, I AGREE AND ACKNOWLEDGE THAT I AM APPLYING FOR UTILITY SERVICE WITH PUGET SOUND ENERGY AND AM RESPONSIBLE FOR ANY CHARGES INCURRED AT THIS LOCATION.

SIGNATURE OF APPLICANT \_\_\_\_\_ X \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF CO-APPLICANT \_\_\_\_\_ X \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF MANAGER OR OWNER \_\_\_\_\_ DATE \_\_\_\_\_

## MANAGEMENT/COMPLEX CONTACT INFORMATION - COMPLETION OF ALL FIELDS REQUIRED

NAME OF MANAGEMENT/COMPLEX **The Rants Group**

ADDRESS OF MANAGEMENT/COMPLEX **724 Columbia St NW, #140 Olympia, WA 98501**

PHONE **(360) 943-8060** FAX **(360) 943-9368** EMAIL \_\_\_\_\_

## MOVE-OUT INFORMATION

MOVE OUT DATE \_\_\_\_\_ ADDRESS \_\_\_\_\_

TENANT'S FORWARDING ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_