



Ohop Mutual Light Company

34014 Mountain Highway East

Eatonville, WA 98328

253-847-4363

Service Application

ORGANIZATION

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MAILING ADDRESS

CITY

ST

ZIP

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BUSINESS PHONE#

CELL PHONE#

E-MAIL ADDRESS

--	--	--

EIN#

INCORPORATION DATE

--	--

EMERGENCY CONTACT

PHONE #

--	--

ORGANIZATION REPRESENTATIVE

FIRST NAME

MI

LAST NAME

--	--	--

HOME PHONE#

CELL PHONE#

E-MAIL ADDRESS

--	--	--

SSN#

DATE OF BIRTH

PHOTO ID

ST

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OPERATION ROUND UP OPT-IN

Please check Opt-In to have your monthly electric bill “rounded up” to the next highest whole dollar, with the extra change dedicated to charitable causes. Donations are only a few cents a month and average about \$6 to \$12 a year per customer.

<input type="checkbox"/> Opt-In to Round Up Monthly Bill	<input type="checkbox"/> Additional Monthly Amount of \$ _____
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**You can cancel your participation in this program at any time online via SmartHub or by calling the office.*

Ohop Mutual Light Company
34014 Mountain Highway East
Eatonville, WA 98328
www.ohop.coop

SERVICE ADDRESS	CITY	ST	ZIP
		WA	

PRIMARY STRUCTURE TYPE

<input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> RV <input type="checkbox"/> Pump <input type="checkbox"/> Other _____
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PRIMARY HEAT SOURCE

<input type="checkbox"/> Forced Air <input type="checkbox"/> Heat Pump <input type="checkbox"/> Ductless Heat Pump <input type="checkbox"/> Zonal <input type="checkbox"/> Wood <input type="checkbox"/> Other _____
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OWNER/RENTER	GATE CODE	MOVE IN DATE
<input type="checkbox"/> Own <input type="checkbox"/> Rent		

SERVICE AGREEMENT

I, the undersigned, hereby verify the personal information provided as true and complete. By applying for service in Ohop Mutual Light Company, I hereby agree to purchase electric energy from the Mutual at the rates fixed from time to time and comply with and be bound by the Service Policies (available at the office) of the Mutual and any rules or regulations adopted by the Mutual or it's Board of Directors. It is understood that the employees of the Mutual shall be permitted to enter my premises at reasonable times to install or remove, inspect, and maintain the wiring and other electrical equipment related to Ohop Mutual Light Company serving my place of residence, and to cut and trim trees and shrubbery to the extent necessary to keep them clear of Mutual property. The acceptance of this application by the Mutual and the release of the applicant's Personal Information shall constitute an executed agreement between the applicant and the Mutual. I hereby authorize you to check with any credit grantor or utility company I have done business with.

Print Name

Signature

Date

MEMBERSHIP APPLICATION

I hereby apply for membership in Ohop Mutual Light Company for the purpose of obtaining light and power service at the service address listed above. My application is made subject to the Company's Articles of Incorporation & By-Laws and Service Policies made by the Board of Directors by authority thereof and a copy of such By-Laws and Service Policies has been made available to me.

Print Name

Signature

Date