

MISSION VALLEY POWER ELECTRICAL CONSTRUCTION SERVICE APPLICATION

OMB 1076-00

Complete both sides of this application. If applying for New Service, return this form with \$100.00 application fee to MVP, PO Box 97, Pablo, MT 59855-0097. (No fee for New Area/Street Light). Questions? Call (406) 883-7950

Name: _____ Phone No.: _____

Mailing Address: _____ Cell No.: _____

_____ SS#: _____

TAX/Business ID No. _____

Applying for: Service Upgrade } **Complete Section A & B below** New Area/Street Light } Complete Other Side
 New Service } **Proceed to Section B below** Other

Electrician/Contractor: _____ Phone No.: _____

Comments: _____

A SERVICE UPGRADE: Adding Electric Load? Yes No

Present location of meter is on: building underground pedestal meter pole

Meter to be: in same location move to _____

EXISTING LOCATION NO. _____ ACCOUNT NO. _____ METER NO. _____

COMMENTS: _____

B IF YOU ARE APPLYING FOR NEW SERVICE, PLEASE CHECK THE APPROPRIATE AREAS

NEW SERVICE WILL BE LOCATED ON: FEE LAND TRIBAL TRUST/LEASE LAND
Are you an enrolled member of the Confederated Salish & Kootenai Tribes? (asked for electrical permit purposes)
 Yes No

LOCATION OF JOB SITE: (attach map if necessary) _____

_____ Residential: Year round Seasonal

_____ Irrigation Pump: Surface Mainline HP Buried Mainline HP Pivot System HP
Voltage _____ Starting Type _____ Phase _____

TYPE OF STRUCTURE Out Building Other: _____

_____ House: Frame Log Modular _____ Heated Sq. Ft.

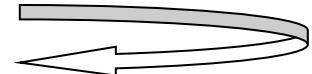
_____ Trailer: Single Double Triple New Used Dimensions: _____

HEAT: Electric/Type and KW _____ Air Conditioner KW _____
 Non-electric/Type: _____

TYPE OF SERVICE: Overhead conductor Underground conductor

SERVICE SIZE: 200 amp CL320 Other Single Phase Three Phase

METER LOCATION: Building Underground Pedestal Meter Pole
 Construction Service Permanent Service

COMPLETE OTHER SIDE 

Were you ever served by Mission Valley Power ("MVP")? ___ Yes ___ No

If so, under what name(s): _____

CUSTOMER

SPOUSE/CO-CUSTOMER

NAME: _____
HOME PHONE NO. _____
MSG PHONE NO. _____
EMPLOYER _____
EMPLOYER'S PHONE NO. _____
SOCIAL SECURITY NO. _____
BIRTHDATE _____
DRIVER'S LICENSE NO. _____
EMAIL ADDRESS _____

NAME: _____
HOME PHONE NO. _____
MSG PHONE NO. _____
EMPLOYER _____
EMPLOYER'S PHONE NO. _____
SOCIAL SECURITY NO. _____
BIRTHDATE _____
DRIVER'S LICENSE NO. _____

LIST CLOSEST RELATIVES OR FRIENDS NOT LIVING WITH YOU: PHONE NO.: HOW RELATED:

- 1. _____
- 2. _____

LIST NAMES & BIRTHDATES OF OTHERS WHO RESIDE IN HOUSEHOLD:

LAND OWNERS INFORMATION

If you are renting or leasing the property, please provide the following information:

Land Owners Name: _____ Phone: _____

Land Owners Address. _____

I swear that the answers and information I provided herein is truthful, accurate and complete and can be relied upon by MVP. I authorize investigation of all answers and information I provided in this application.

Applicant's Signature: **X** _____ Date: _____

The Confederated Salish and Kootenai Tribes operate and manage the Bureau of Indian Affairs' Flathead Agency Power Division under the name "Mission Valley Power" pursuant to a contract authorized under the Indian Education and Self-Determination Act, P.L. 93-638(25 U.S.C. 4501). This information is being collected to determine the consumer's electrical needs, and will be used to determine consumption costs. Response to this request is required to obtain a benefit in accordance with 25 CFR 175.