

Main Office (406) 883-7900  
or (406) 675-7900  
Office Fax (406) 883-7919  
Warehouse Fax (406) 883-7923  
Hot Springs Svc. Ctr. (406) 741-3402



**MISSION VALLEY POWER**  
Post Office Box 97 \* 36079 Pablo West Road \* Pablo, MT 59855-0097



In accordance with Federal guidelines we need copies of the following: **photo ID's** of whoever is being listed on or who signs the contract.

Out of Acct. \_\_\_\_\_

Request Date: \_\_\_\_\_

Service Order No. \_\_\_\_\_

Mission Valley Power will make every attempt to meet the date of your request; however, our Operations Manual stipulates that we have up to three (3) working days to fulfill your request. Temporary Service is valid for six (6) months. MVP must be notified if service is required for a longer period time.

### ELECTRICAL SERVICE CONTRACT

OMB 1076-0021

Service Loc.# \_\_\_\_\_

Meter No. \_\_\_\_\_ Stop \_\_\_\_\_

Account No. \_\_\_\_\_

Location No. \_\_\_\_\_ Bill Run \_\_\_\_\_

Work Order No. \_\_\_\_\_

The applicant, \_\_\_\_\_ whose mailing address is:

\_\_\_\_\_, telephone number is: \_\_\_\_\_

whose **Social Security Number or Business ID Number** is \_\_\_\_\_

Hereby agrees to enter into a contract with Mission Valley Power ("MVP") on the following terms and conditions.

1. Applicant certifies that he/she is, (**Circle one**): **Owner, Renter/Lessee, Manager** of property located at: **physical address for this service** \_\_\_\_\_
2. Security Deposit: \$500.00 or Excellent Credit Reference from current Elec. utility: \_\_\_\_\_
3. General Connect/Transfer Fee or Reconnect Fee: **\$10.00** will be billed on first month's bill.
4. **Rate schedule** \_\_\_\_\_ **Existing Area Light** \_\_\_\_\_ **watt w/o pole,** \_\_\_\_\_ **watt w/pole**  
\_\_\_\_\_ **Residential (RES)** Minimum Monthly bill: \$15.00/mo. Basic Charge of \$13.00/mo. or \$16.00/mo. for Prepay is included in the monthly minimum. This min. applies to services under this rate that are billed with or without a meter.  
\_\_\_\_\_ **General Services without Demand (CPS)** Basic Charge\*\* is \$13.00/mo.  
\_\_\_\_\_ **General Services with Demand – Single-Phase (CP1)** Basic Charge\*\* is \$27.50/mo.  
\_\_\_\_\_ **General Services with Demand – Three-Phase (CP2)** Basic Charge\*\* is \$45.00/mo.  
\_\_\_\_\_ **Unmetered Services** using kilowatt hours (UMS) Basic Charge is \$17.50/mo.  
(Includes traffic lights, billboards, telephone booths, etc)  
\_\_\_\_\_ **Large Commercial with Demand (CPL)** Basic Charge\* is \$130.00/mo.  
\_\_\_\_\_ **New Large Single Load (NLSL)** Basic Charge \*\* **\$45.00/meter**  
\_\_\_\_\_ **Irrigation (IRR) Annual** Horsepower charge is \$11.90 per hp \$ \_\_\_\_\_ **HP**

**\*\* Basic Charge applies to services that are billed with or without a meter**

**SIGN AND DATE BACK**

**The Applicant for a newly constructed service guarantees payment of the basic charge, monthly minimum each month, or the minimum seasonal bill (for irrigation pumps), whichever applies, for at least the first three (3) years from the date that MVP installs its service.**

Applicant may pay the minimum monthly charges in advance (e.g., quarterly, and annually).

5. Temporary Construction Fee: \$ \_\_\_\_\_ Non-Refundable

6. Special Provisions: \_\_\_\_\_ Yes (see below) \_\_\_\_\_ No

Applicant agrees to pay an “aid-to-construction” payment of \$ \_\_\_\_\_. Of this amount, \$ \_\_\_\_\_ may be refundable according to the following:

- \_\_\_\_ 1. \_\_\_\_\_ is refundable by allowing a credit equal to 20% of the power bill each month/each season so long as the customer continues to use the facility, but no claim for credit shall extend beyond five years.
- \_\_\_\_ 2. If, within \_\_\_\_\_ months from the date of this contract, additional customers are connected to the extension to which Applicant has made an “aid-to-construction” payment, MVP may refund portions of the “aid-to-construction” payment. MVP officials shall be sole judge as to the amounts qualified for refund.
- \_\_\_\_ 3. If the Applicant installs a buried mainline irrigation system, before the end of the fourth pumping season under this contract, a refund may be made. However, the total amount shall not exceed \$ \_\_\_\_\_. MVP officials shall be the sole judge as to the amount qualified for refund.

It is agreed that any aid-to-construction refund under any provision of this contract shall be automatically assigned to the successor of this contract.

**The Applicant consents to be bound by all of the terms, conditions, fees and charges set forth above, by all provisions contained in MVP’s Operations Manual and federal regulations found at 25 C.F.R. Part 175 (including any revisions to the manual or regulations), and by applicable rate and fee schedules (that may change from time to time) available for review at MVP’s Pablo office.**

**Applicant’s Name (PLEASE PRINT):**

**Applicant’s Name (PLEASE PRINT):**

\_\_\_\_\_

\_\_\_\_\_

**Applicant’s Signature                      Date**

**Applicant’s Signature                      Date**

**Name of Business (PLEASE PRINT)**

\_\_\_\_\_

By: \_\_\_\_\_

**Officer of Business (PLEASE PRINT)**

\_\_\_\_\_

**Date**

**Signature of Business Officer (Authorized to Contract on Behalf of Business)**

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 (25 U.S.C. 450f). MVP maintains its system records consistent with the federal Privacy Act (43 CFR Part 2, Subpart D). This information is being collected to determine the consumers’ 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. Failure to provide all or part of this information may preclude MVP from providing requested service(s).

LOCATION NUMBER: \_\_\_\_\_ BY CSR: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

**CUSTOMER INFORMATION/to be completed by customer**

***CUSTOMER***

***SPOUSE/CO-CUSTOMER***

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_

MSG PHONE NO. \_\_\_\_\_

MSG PHONE NO. \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER'S PHONE NO. \_\_\_\_\_

EMPLOYER'S PHONE NO. \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

DRIVER'S LIC. # \_\_\_\_\_ State \_\_\_\_\_

DRIVER'S LIC. # \_\_\_\_\_ State \_\_\_\_\_

Email Address \_\_\_\_\_

I would like to receive E-bill. ( ) Password \_\_\_\_\_

I would like to use my E-mail address to receive outage notifications. ( )

**LIST NAMES & BIRTHDATES OF OTHERS WHO RESIDE IN HOUSEHOLD IF ELDERLY & UNDER 6 YRS OF AGE**

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

**LIST CLOSEST RELATIVE OR FRIEND NOT LIVING WITH YOU:**

**PHONE NO:**

**HOW RELATED:**

1. \_\_\_\_\_

2. \_\_\_\_\_