

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



FOR MVP USE	
Out of Acct. _____	Work Order No. _____
Service Loc.# _____	
Location No. _____	Bill Run _____ Stop _____ Service Order No. _____

ELECTRICAL SERVICE CONTRACT

In accordance with Federal guidelines we need a copy of the applicant(s) **photo ID**

Request Date: _____

Meter No. _____

Account No. _____

The applicant(s) name(s), _____
mailing address, city, state & zip: _____
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 for the last 12 months of service OR prepay for \$60 (must fill out prepay agreement)** _____
3. General Connect/Transfer Fee or Reconnect Fee: **\$10.00** will be billed on first month's bill.
4. **Rate schedule**
 - _____ Existing Area Light
 - _____ Residential (RES) Basic Charge of \$15.00/mo. or \$18.00/mo. for Prepay
 - _____ General Services without Demand (CPS) Basic Charge is \$15.00/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, 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 or \$162.00 minimum \$_____ HP _____

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

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 (1) Name (PLEASE PRINT):

Applicant (2) Name (PLEASE PRINT):

Applicant (1) Signature _____ Date _____

Applicant (2) 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).

OMB 1076-0021

APPLICANT (1)

APPLICANT (2)

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

LIST NAMES & BIRTHDATES OF OTHERS WHO RESIDE IN HOUSEHOLD IF ELDERLY OR 5 YRS OF AGE & YOUNGER

LIST CLOSEST RELATIVE OR FRIEND NOT LIVING WITH YOU: PHONE NO: HOW RELATED:

1. _____

2. _____