

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



<b>FOR MVP USE</b>			
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:** \_\_\_\_\_

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 Basic Charge of \$17.50/mo., \$21.00/mo. for Prepay, Net Meters \$20.00 mo.
  - \_\_\_\_\_ Small General Services Basic Charge of \$17.50/mo., \$21.00/mo. for Prepay, Net Meters \$20.00
  - \_\_\_\_\_ Large General Services Single-Phase Basic Charge is \$32.50/mo.
  - \_\_\_\_\_ Large General Services Three-Phase Basic Charge is \$53.25/mo., Net Meters \$50.00 mo.
  - \_\_\_\_\_ Unmetered Services using kilowatt hours (UMS) Basic Charge is \$17.50/mo.  
(Includes traffic lights, billboards, etc)
  - \_\_\_\_\_ Large Commercial Basic Charge is \$153.83/mo.
  - \_\_\_\_\_ Irrigation Basic Charge of \$5.00/Mo

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

**The Applicant consents to be bound by all 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.**

**PLEASE TURN OVER**

Applicant (1) Name (PLEASE PRINT):

Applicant (2) Name (PLEASE PRINT):

\_\_\_\_\_

\_\_\_\_\_

Applicant (1) Signature Date

Applicant (2) Signature Date

Name of Business (only if applicable) 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 IF ELDERLY OR 5 YRS OF AGE & YOUNGER**

\_\_\_\_\_

\_\_\_\_\_

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

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

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

Name of Business **(PLEASE PRINT)**

By: \_\_\_\_\_  
**Officer of Business (PLEASE PRINT)**

\_\_\_\_\_ Date

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

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Business Name \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

Business Manager or Owner \_\_\_\_\_

Business Phone \_\_\_\_\_ Msg Phone \_\_\_\_\_

Federal Id # \_\_\_\_\_ or Social Security # \_\_\_\_\_

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

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