Main Office (406) 883-7900

Warehouse Fax (406) 883-7923

MISSIONVALLEYPOWER

Post Office Box 97 • 36079 Pablo West Road • Pablo, MT 59855-0097

FOR MVP USE

Out of Acct._____

Service Loc.# _____

Location No._____ Bill Run_____ Stop _____ Service Order No._____

Area Light _____

PREPAY_____

Work Order No._____

ELECTRICAL SERVICE CONTRACT

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

Request Date: _____

Meter _____ Account _____

The applicant(s) name(s), _____

mailing address, city, state & zip:_____

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

1. Applicant certifies that he/she is, **(Circle one)** ***wner*** ***nter/Lessee,*** ***nager*** 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 services**
5. _____Existing Area Light
6. _____Residential Basic Charge of $27.00/mo., $32.40/mo. for Prepay, Net Meters $32.00 mo.
7. _____Small General Services Basic Charge of $27.00/mo., $32.40/mo. for Prepay, Net Meters $32.00
8. _____Large General Services Single-Phase Basic Charge is $50.00/mo.
9. _____Large General Services Three-Phase Basic Charge is $81.92/mo., Net Meters $90.17 mo.
10. _____Unmetered Services using kilowatt hours (UMS) Basic Charge is $27.00/mo.
    (Includes traffic lights, billboards, etc)
11. _____Irrigation Basic Charge of $20.00/Mo

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

PLEASE TURN OVER

APPLICANT (1) ***APPLICANT (2) if applicable***

NAME:_____ NAME:_____

PHONE NO._____ 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._____ _____ _____

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.

_____ _____

Applicant (1) Name **(PLEASE PRINT)**: Applicant (2) Name **(PLEASE PRINT)**:

_____ _____

Applicant (1) Signature Date Applicant (2) Signature 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 (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

The customer appeals process for individual customer complaints will begin with MVP's Customer Service Manager. If the complaint cannot be resolved at this level, it will be passed on to the General Manager. If the General Manager reaffirms the utility decision to which the customer is objecting, the customer may take the complaint to the Consumer Council. If the customer takes the complaint to the Consumer Council, it is the responsibility of MVP to notify the Northwest Regional Office.