

## **New Member - New Service to be Built**

Today's Date:				
Date of Connect/Transfer:				
Service Address of Property or Current Member's Name:				
Legal Description:				
Your Name:	_			
Your Name: First		Last		
Mailing Address:				
Box N	Number/Street Number	er		
Mailing Address:				
City	State	Zip Code		
Email Address:				
(Email addresses are used for bill notificating planned outages, postponed meetings, etc)		tional emails suc		
Home Phone Number:				
Work Phone Number:				
Cell Phone Number:				
Spouse's/Roommate's Name:				

## Deposit Fee or a Credit Check is required for New Members

A new service requires a deposit of \$100 or a favorable check of credit. To run a credit check, please call the billing department and provide your social security number.

All this information needs to be received before your service will be energized.

## Return to our office at cec@centralec.coop, fax or mail to:

PO Box 850	25487 403 <sup>rd</sup> Ave	Mitchell, SD 57301
605-996-7516	1-800-477-2892	Fax: 605-996-0869