Continental Divide Electric Cooperative, Inc.

200 E. High St. • P.O. Box 1087 • Grants, New Mexico 87020 • (505) 285-6656 • Fax (505) 287-2234

Application for Residential Service

A security deposit may be required at the time application is complete.

Last Name | First Name | M.I. | Home Phone No. | Cell Phone No.

What other names have you used? _____

Social Security Number | State I.D. or Driver's License Number | Census Number (if applicable)

Spouse or Second Party's Name | Social Security Number

Mailing Address | City | State | Zip Code

Email Address (CDEC will send you an electronic opt-in/out form for co-op related communications.)

Employer | Mailing Address | Work Phone Number

Physical Address of Location to be Connected | Account Number or Previous Tenant

Do you:

- ☐ Own
- ☐ Rent
- ☐ Lease
- ☐ Buying

Structure Type:

- ☐ House
- ☐ Apartment
- ☐ Manufactured/Mobile Home
- ☐ Well
- ☐ Other _____

Rural Accounts:

Color of Structure _____

Color of Roof _____

Directions for Rural Service: Rural Address, Description, Lot, Block and Unit:

_____

_____

The undersigned hereby acknowledges request for electrical service as stated on this form and assumes full responsibility for prompt payment of billings as they become due and collection fees, if any. A copy of the bylaws, terms and conditions of service have been received.

Signature | Date