

Agreement and Application form Instructions ED4/ED5

GENERAL INSTRUCTIONS

- Please type or print clearly on the form(s).
- **Please make a copy of your application for your records.**

SPECIFIC INSTRUCTIONS

- All information must be filled out completely.
- **A copy of your driver's licenses is required.**

Signature

- The Form(s) must be signed by the primary person named on the application or agreement.

Deposit

- A security deposit is generally required. Please contact the District Office for specific information.

Contact Information

If you have any questions, please contact the District Office at:

Mailing Address:

PO BOX 605
Eloy, Az 85131

Office Location:

231 S. Sunshine Boulevard
Eloy, Az 85131

Phone: 520-466-7336

FAX: 520-466-7778

Email: payments@caidd.com

**Mail the completed Form(s) to:
PO BOX 605
Eloy, Az 85131**

Account #: _____

**ELECTRICAL DISTRICT NO. 4 and/or 5
Pinal County, Arizona
APPLICATION FOR ELECTRIC SERVICE**

Date: _____

New / Existing Service

Type of Business: _____

Last Name or Business: _____ First: _____ Middle: _____

Spouse: _____ In Care Of: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Secondary Phone: _____

Will anyone at this location be on any type of life support equipment? Yes No

Do you Own or Rent? _____

Landowners Name: _____ Landowner Phone #: _____

Landlords Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Employer Name: _____ Employer Phone: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Social Security #: _____ Drivers License #: _____ State Issue: _____
(Required)

E-mail Address: _____

Service Address: _____

Date Service Requested: _____ Date of Service: _____

To the best of my knowledge the above information is true and accurate.

Customer Signature: _____ Date: _____

For Office Use:		
Lot #:	Parcel #:	Meter #:
Deposit #:	Service Agreement #:	
Deposit Amount:	Type of Payment:	
Special Instructions:		
		Employee Initials:

CERTIFICATION – I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named customer, that the above-listed document(s) appear to be genuine and to relate to the customer named, that the customer began service on (month/day/year) _____ and that to the best of my knowledge the customer is eligible for service.

Signature of Authorized Representative	Print Name	Title	Date
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