

RESIDENTIAL REQUEST FOR ELECTRIC SERVICE

Once this form is submitted a Customer Service Representative will contact you within three business days to complete the Application for Membership process.

Please note that electric service will not be established until a Customer Service Representative contacts you.

* Required Information

Primary Member Information

* Have you ever had an account with Laclede Electric? Yes No

* First Name: Middle: Last:

* Prior Address:

* City: State: Zip:

* How long were you at the previous address?

Ways to Contact You

Email Address:

* Primary Phone Number: Alternate Phone Number:

Preferred method of contact: Phone Email

Primary Customer Identification

* Last 4 Numbers of Social Security: * Date of Birth:

Driver's License: State: (copy required)

Marital Status: Married Single Widowed Separated Divorced

Employer:

New Service Information

Is the electricity on now? Ownership Status: Own Rent

What name is/was the service in?

Map Location Number: Meter Number:

Service Address:

City: State: Zip:

Is billing address different from service address? Yes No

If yes, what will the Billing address be?

Address:

City: State: Zip:

What will this meter serve?

House Mobile Home Apartment Duplex House Well

Dairy Barn Farm Well Grain Drying Other

Security Light

Would you like a security light? Yes No

SUBMIT