

TRUCKEE DONNER PUBLIC UTILITY DISTRICT P.O. Box 309 Truckee, CA 96160
(530) 587-3896 Fax (530) 550-1968

APPLICATION FOR RESIDENTIAL SERVICE

DEPOSIT _____

DATE PAID _____

SERVICE ADDRESS _____
STREET NO. & NAME APT/SPACE# UNIT/LOT SUBDIVISION

OWN _____ **RENT** _____ **CONTRACTOR** _____ **OWNER'S NAME/PROPERTY MGR** _____

PLEASE INDICATE: PRIMARY RESIDENCE _____ **OR SECOND HOME** _____ **DATE SERVICE IS TO BEGIN** _____

APPLICANT NAME _____ **HOME PHONE #** _____

DATE OF BIRTH _____ **SOCIAL SECURITY #** _____ **DRIVER'S LICENSE #** _____ **STATE** _____

OTHER PHOTO ID # (ID CARD, PERMANENT RESIDENT CARD, PASSPORT) _____

MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

EMAIL ADDRESS _____ **CELL PHONE #** _____

PRIOR ADDRESS IF AT CURRENT ADDRESS LESS THAN 2 YEARS _____

EMPLOYER _____ **YEARS EMPLOYED** _____ **POSITION** _____

EMPLOYER ADDRESS _____ **EMPLOYER PHONE #** _____

NEAREST RELATIVE'S NAME & ADDRESS _____ **RELATIONSHIP** _____ **PHONE #** _____

SECURITY QUESTIONS: PLEASE ANSWER THESE QUESTIONS OR ADD/ANSWER QUESTIONS OF YOUR OWN.

WHAT IS YOUR PET'S NAME? _____

IN WHAT CITY WERE YOU BORN? _____

WHAT WAS THE NAME OF YOUR ELEMENTARY SCHOOL? _____

PLEASE INDICATE: _____ **SPOUSE** _____ **CO-TENANT** _____ **CO-SIGNER**

APPLICANT NAME _____ **HOME PHONE #** _____

DATE OF BIRTH _____ **SOCIAL SECURITY #** _____ **DRIVER'S LICENSE #** _____ **STATE** _____

OTHER PHOTO ID # (ID CARD, PERMANENT RESIDENT CARD, PASSPORT) _____

MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

EMAIL ADDRESS _____ **CELL PHONE #** _____

PRIOR ADDRESS IF AT CURRENT ADDRESS LESS THAN 2 YEARS _____

EMPLOYER _____ **YEARS EMPLOYED** _____ **POSITION** _____

EMPLOYER ADDRESS _____ **EMPLOYER PHONE #** _____

NEAREST RELATIVE'S NAME & ADDRESS _____ **RELATIONSHIP** _____ **PHONE #** _____

SECURITY QUESTIONS: PLEASE ANSWER THESE QUESTIONS OR ADD/ANSWER QUESTIONS OF YOUR OWN.

WHAT IS YOUR PET'S NAME? _____

IN WHAT CITY WERE YOU BORN? _____

WHAT WAS THE NAME OF YOUR ELEMENTARY SCHOOL? _____

APPLICATION FOR RESIDENTIAL SERVICE (Continued)

I hereby request electric and/or water service to the premises described above and agree to pay the application rates and abide by the resolutions, ordinances, rules and regulations of the District. I owe no monies to the District either directly or indirectly under the above name or any other name in which arrangements for payment in full have not been made.

I understand that the District is required by the Federal Trade Commission to validate my identity prior to providing service. This validation will require photo ID and/or Social Security Number. Qualifying photo ID shall include, without limitation, valid government-issued driver's license or ID card, valid U.S. Permanent Resident Card (i.e., "Green Card"), and foreign government-issued photo identification card or valid passport. Customers making application via phone, e-mail, fax or through a realtor or property management company will be required to provide photo identification in person at the District's office if they decline to provide their social security number for validation.

I agree that the District is not responsible for damage caused by or resulting from conditions or circumstances beyond its control including, but not limited to, storms, lightning, floods, fires, vandalism, discontinuance of power from the District's supplier or wiring or plumbing on the premises not owned by the District or for damage caused by or resulting from disconnection of services for any legal reason. I understand that I am responsible for all utility bills until such time as I notify the District to discontinue utility service in my name. Upon termination of service, the District will return any deposit less the amount of any charge remaining unpaid. In the event that collection proceedings are commenced to collect any unpaid charges, I agree to pay all court costs and a fair and reasonable attorney's fee. The District reserves the right to refuse service or discontinue service to any customer if all of the above conditions are not accepted and required information is not furnished, if the customer misrepresents the conditions for which service is being requested, or if it is learned at any time that the transfer of service has been requested in order to avoid payment of outstanding charges on the above account.

IMPORTANT: At any time freezing weather may occur, all water pipes and appliances should be drained to prevent damage to your property. The District accepts no liability for such damages when its service to your property has been disconnected for any legal reason.

DATE: _____ SIGNED: _____ SPOUSE/CO-TENANT: _____

OWNERS WITH RENTALS ONLY – OPTIONAL: This is to advise, that in the event I have a tenant living in my home and subject tenant asks that you discontinue utility service, I hereby request that you read the electric and/or water meters but do not shut off services to the house/dwelling. I will be responsible for electric and/or water utility service charges incurred after that reading. This automatic transfer will not apply for those tenants who are disconnected for nonpayment of utility service or nonpayment of a required deposit. I understand that I will be charged the current reconnect fee per the District's Miscellaneous Fee Schedule if I wish service reconnected after termination for non-payment. This authorization will remain in effect until revoked in writing.

____ YES ____ NO, not interested at this time.

READ CAREFULLY BEFORE SIGNING

DATE _____ SIGNED _____ Applicant One

DATE _____ SIGNED _____ Applicant Two



TRUCKEE DONNER PUBLIC UTILITY DISTRICT THIRD PARTY NOTIFICATION PROGRAM

Truckee Donner PUD offers a third party notification program which can help prevent an unexpected disconnection of your electric/water service by assigning a third party to be notified in the event your account is in arrears. This program is designed to help customers who intend to pay their bills, but due to circumstances beyond their control, are unable to do so.

Under this program, when delinquent and cutoff notices are mailed to you, a copy of the notices will also be mailed to your designated third party. This person can then remind you to pay the bill and avoid a possible disconnection of the electric/water service.

Though designed to help the sick, elderly, or dependent adults, the program is open to anyone. The designated third party is under no obligation to pay the bill or to assume responsibility for its payment. Unless they have been authorized by you, this person will not be given further information on the account beyond this notification, nor will they be able to make arrangements or changes to the account. This person is notified so that he or she is aware of the status of the electric/water bill and can assist you as needed.

For customers who request the third party notification, the attached application form must be completed and signed by you and the person selected to receive the notification. The third party does not need to be a customer of Truckee Donner PUD.

Phone numbers and e-mail addresses are important. Should a 48 Hour Notice of Termination be issued, the District will make a courtesy phone call or send an e-mail to you and to your designee.

If you wish to sign up for the third party notification, please complete the attached application form. Remember that we cannot implement the program without signatures from both parties.

Please mail the completed form to Truckee Donner PUD, PO Box 309, Truckee, CA 96160 or it may be faxed to (530) 550-1968.

If you have questions regarding this program, please contact:

Rosana Matlock
Customer Services Manager
(530) 582-3959
rosanamatlock@tdpud.org

or Mark Schlesinger
Credit & Collections Supervisor
(530) 582-3928
markschlesinger@tdpud.org

TRUCKEE DONNER PUBLIC UTILITY DISTRICT
Third Party Notification Application

Name _____
(Please print as it appears on your electric bill)

Account Number(s) _____

Service Address _____

Home Phone # _____ Work # _____ Cell # _____

E-Mail Address _____

I hereby authorize Truckee Donner PUD to send a copy of the delinquent and cutoff notices to the below named third party. I understand that this person is under no obligation to pay the bill or to assume responsibility for its payments.

Customer's Signature (Required): _____

Date _____

Print name of person you wish to receive delinquent notices:

Name _____ Relationship _____

Mail Address _____

City / State / Zip _____

Home Phone # _____ Work # _____ Cell # _____

E-Mail Address _____

I hereby authorize Truckee Donner PUD to send me a copy of delinquent and cutoff notices for the above-mentioned customer. I understand that I am under no obligation to pay the customer's bill or assume responsibility for its payments.

Third Party Signature (Required): _____

Date _____

Dear Customer:

The TDPUD has a program in which your monthly utility bill can be paid automatically each month by electronic funds to your bank account. **This is optional.**

If you choose to participate in the program, a monthly statement would be mailed to you on your regular billing date. You would not have to write a check each month for the utility bill. Instead, your bank would debit your checking account on the bill each month for the exact amount of the monthly bill and transfer that amount to the TDPUD bank.

If you would like to participate in this program, please fill out the form below and return it to the T.D.P.U.D.

To fill out the form:

1. Fill in property address.
2. Fill in your bank name for "DEPOSITORY NAME".
3. Fill in the mailing address of your bank for "BRANCH", city, state, and zip.
4. Leave blank "TRANSIT/ABA NO."
5. Fill in your bank account number to be debited for "ACCOUNT NO".
6. Fill in the name(s) listed on the bank account for "NAME(S)".
7. Please date and sign the bottom of the form.
8. Keep a copy for your records.

Important: Please include a voided check from your bank account with the completed form.

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Company Name Truckee Donner P.U.D. Company ID Number _____

I (we) hereby authorize Truckee Donner P.U.D., hereinafter called COMPANY to initiate debit entries to my (our) () Checking account () Savings account (**select one**) indicated below and the depository named below, hereinafter called DEPOSITORY to debit the same to such account. The amount of the entry may change at any time.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from either of us) of its termination at least 30 days prior to the next transaction date.

Please Print

NAMES(S) _____ ID NUMBER _____

DATE _____ SIGNED X _____ SIGNED X _____

PROPERTY ADDRESS _____

Dear Customer:

Truckee Donner Public Utility District provides two residential electrical rates. The primary residence rate (P10), currently billed at \$.132 per kilowatt hour, is billed to those customers who occupy their homes on a full-time basis. The secondary residence rate (S10), currently billed at \$ 0.151 per kilowatt hour, is billed to those customers who occupy their homes on a part time basis for vacations, weekends, ski leases, etc.

The following is a list of criteria used to determine a customer's qualification for our primary rate. Providing this information will assist us in determining your proper rate.

1. Homeowner's exemption on the Truckee property per the Nevada/Placer County property tax record.
2. Loan documents and/or homeowner's insurance records indicating the Truckee residence as the primary residence.
3. A local mailing address and daytime, evening and work phone numbers within the Truckee district.
4. California driver's license and vehicle registration with local address.
5. Voter registration in Nevada County showing the Truckee address.
6. Employment in the Truckee area.
7. Attendance of dependents at a local primary or secondary school.

Qualification for the P10 rate is at the District's discretion and will be based on a combination of items from the above list.

If you have further questions, please call our Customer Service Department at (530) 587-3896.