



Guntersville Electric Board

Customer Information – Application for New Service

Personal Information

Full Name: _____
Last First M.I.

Service Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

Mail Address: Street Address: _____ State: _____ Zip Code: _____

Social Security Number : _____

Birth Date: _____ Marital Status: _____

Employer: _____ Work Phone: _____

Driver's License # State() No. _____ Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: () _____

Schedule Date to Start Service: ____/____/____
MM DD Year

Emergency Contact Information

Full Name: _____
Last First M.I.

Phone: () _____

PICTURE ID IS REQUIRED Please present with completed application to the customer service representative.

Additional Instructions:

ALL INFORMATION IS SUBJECT TO VERIFICATION.