



## New Construction Application Information

Account / Business Name: \_\_\_\_\_

Service Address (Must be approved through Enumerations): \_\_\_\_\_

Please provide the following information for our records

Business Type (Sole Owner, Partnership, Corp, LLC, Etc): \_\_\_\_\_

Start Date of Business: \_\_\_\_\_

Business Phone/Fax Number: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

Tax Identification Number (SSN or EIN): \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

### Financially Responsible Party Information

Primary Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Social Security Number (Sole Owner and Partner): \_\_\_\_\_

Secondary Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Social Security Number (Sole Owner and Partner): \_\_\_\_\_

Notice Regarding Electric Meter Set: Without exception, electric meters will not be installed until all inspections have been completed and the billing account has been established. To establish a billing account, the financially responsible person must fully complete this application.

Please use the following guide to determine all the information SU will need to process your application.

<b>Sole Proprietor</b>	<b>Partners</b>	<b>Corporation &amp; Limited Liability Company</b>	<b>Other Entities</b>
Account/Business Name	Account/Business Name	Account/Business Name	Account/Business Name
Business Type & Phone #	Business Type & Phone #	Business Type & Phone #	Business Type & Phone #
Start Date of Business	Start Date of Business	Start Date of Business	Start Date of Business
Home Address of Owner	Federal Tax ID # (EIN)	Names and Phone #'s of 2	Federal Tax ID# (EIN)
Home Phone Number	Names of 2 partners'	corporate officers	Names and Phone #'s of 2
Name of Owner (If different than Business Name)	Social Security Numbers (General Partners Only)	Corporate Address	board members
Social Security # of Owner	Home Address and Phone #'s of General Partners	Federal Tax ID # (EIN)	Home addresses of 2 board members

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to Customer Contract Administration at 2880 International Cir, Ste 210, Colorado Springs, CO 80910 or fax to 719-668-8130. Please call 719-668-8111 with any questions.