



Guntersville Electric Board

Customer Information – Application for Transfer of Service

Personal Information

Full Name: _____
Last First M.I.

New Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

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

Previous Address: _____
Street Address State Zip Code

Social Security Number : _____

Birth Date: _____ Marital Status: _____

Employer: _____ Work Phone: _____

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

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

* Schedule Date to Turn on Service: ____/____/____ At New Location MM DD Year *Schedule Date to Turn Off Service at Previous Location ____/____/____ MM DD Year

*NOTICE: Service cannot be left on at both locations for longer than one week without posting an additional deposit.

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.