



1448 West State Road 14  
Rochester, IN 46975

(574)-223-3156  
www.fcremc.coop

### Residential Service Application

- Complete the application below to apply for residential service with Fulton County REMC.
- A credit check is required for all new applicants unless the applicant has an existing account.
- Service connections occur during normal business hours, Monday-Friday, 7:30 AM-4:00 PM.
- Service cannot be connected after business hours, on weekends, or holidays.
- Requests submitted after 3PM may not be processed until the next business day.
- To view Fulton County REMC Rules, please visit our website.

#### SERVICE ADDRESS

Street Address City State Zip Code

#### MAILING ADDRESS

Street Address City State Zip Code

(If less than 2 years)

#### PREVIOUS ADDRESS

Street Address City State Zip Code

### Applicant

Name: First Middle Last

Date of Birth

Last 4 digits of Social Security #

Driver's License# State

Email Address

Home Phone

Cell Phone

### Additional Contact

Name:

Cell Phone

\*Fulton County REMC bylaws do not permit joint membership/ownership

Former Fulton County REMC Member Yes \_\_\_ No \_\_\_ Former Account Name

Type of Service: Transfer of Service (Existing) \_\_\_ New Service \_\_\_

Type: House \_\_\_ Mobile \_\_\_ Apartment \_\_\_ Campsite \_\_\_ Barn \_\_\_ Garage \_\_\_ Grain Bins \_\_\_ Irrigation \_\_\_

Do you either rent or own the Service Location? Rent \_\_\_ Own \_\_\_ Owner Name



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## Application for Electric Service and Membership Agreement

By applying for electric service from Fulton County Rural Electric Membership Corporation (FCREMC), I agree to the following terms and conditions:

**1. Easement and Right-of-Way**

As a member of the Cooperative, I agree to provide either an easement or right-of-way, as determined by FCREMC, to allow the Cooperative to place its physical facilities for the provision and metering of electric service. I grant access to FCREMC's authorized employees, agents, and independent contractors for the purposes of inspection, maintenance, tree trimming, replacement, relocation, or repair of such facilities at all reasonable times.

**2. Electric Service and Membership Agreement**

I request electric service from Fulton County REMC and hereby apply for membership. I agree to purchase electric energy for the location specified in this application and to pay all related charges. This includes any collection costs, attorney fees, and legal expenses. Additionally, I acknowledge that a portion of the amount paid each year provides a mandatory subscription to the Indiana Connections magazine.

**3. Agreement to Comply with Cooperative Policies**

I agree to comply with the Articles of Incorporation, By-Laws, amendments, and any policies or regulations established by the Board of Directors of FCREMC. These policies are available on the FCREMC website at [www.fcremc.coop](http://www.fcremc.coop).

**4. Authorization for Credit Review**

By signing below, I provide written authorization to FCREMC or its designee to review my personal consumer credit profile from one or more national credit bureaus. This authorization extends to obtaining a credit profile for purposes related to this application, updates, additional services, and collection of outstanding accounts. If FCREMC obtains my credit profile, I understand that I may request the name and address of the reporting agency, as well as details regarding the information contained in the report.

**5. Accuracy of Information and Consent for Contact**

I, the applicant, affirm that the information provided in this application is true and correct to the best of my knowledge. I consent to FCREMC contacting me by telephone (including wireless numbers), text messages, and email to service my account, collect amounts owed, or provide updates regarding my account. This may include the use of pre-recorded or artificial voice messages and/or automatic dialing devices. I acknowledge that these contacts could result in charges to me.

By signing below, I confirm that I have read and understand this disclosure and agree to the terms outlined above.

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**For Office Use Only**

**Date Service is Desired** \_\_\_\_\_

**Outdoor Light:** Turn On ☐ Turn Off ☐ Remove ☐

**Map Location number:** \_\_\_\_\_

**Membership** \$ \_\_\_\_\_

**Deposit** \$ \_\_\_\_\_

**Unpaid Final Bill** \$ \_\_\_\_\_

**Account number** \_\_\_\_\_

**Unpaid Invoices** \$ \_\_\_\_\_

**Invoice number** \_\_\_\_\_

\$ \_\_\_\_\_ **Total** •

**Additional Information**

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