

Jemez Mountains

Electric Cooperative, Inc.

Application for Electric Service

Date: _____

Residential: --- Please Print

Last Name (1): _____ First Name: _____ Initial: _____

Last Name (2): _____ First Name: _____ Initial: _____

Business Name: _____

Owners Name: Santa Fe County

Mailing Address: P.O. Box 276

City: Santa Fe State: NM Zip Code: 87501

Meter Number (required): 87365032

Physical Address: 62 County Rd. 84

Santa Fe, NM 87506

Phone No(s): _____ (505) 470-3383 (505) 992-9868
Home: _____ Cell: _____ Business: _____

Email Address (For-Alerts & Reminders): cbaker@santafecountynm.gov

Drivers Lic/ID No: _____ State: _____

Name of Landlord: _____ Security Light # _____ Pole # _____

1. APPLICANT AGREES TO COMPLY WITH AND BE BOUND BY THE PROVISIONS OF THE ARTICLES OF INCORPORATION AND BY-LAWS OF THE COOPERATIVE, AND SUCH RULES AND REGULATIONS MAY FROM TIME TO TIME BE ADOPTED BY THE COOPERATIVE. THE CONTRACT FOR ELECTRIC SERVICE SHALL CONTINUE IN FORCE FROM THE DATE THE SERVICE IS MADE AVAILABLE BY THE COOPERATIVE TO THE APPLICANT, AND THEREAFTER UNTIL CANCELLED BY AT LEAST 3 DAYS WRITTEN NOTICE GIVEN BY EITHER PARTY TO THE OTHER.

2. APPLICANT AGREES TO PAY COOPERATIVE ALL APPLICABLE FEES AND A DEPOSIT (unless applicant has a current account in good standing or can provide a good letter of credit from another electric company). THE UNDERSIGNED AGREES THAT THE COOPERATIVE SHALL HAVE THE RIGHT TO CONSTRUCT REASONABLE FACILITIES AND TO OPERATE AND MAINTAIN ELECTRIC DISTRIBUTION FACILITIES ON HIS/HER PROPERTY.

Signature: *Catherine D. Dico* 4-26-19

Approved as to form
Santa Fe County Attorney

By: *Robert J. Dico*
Date: 4/23/19

Benjamin Dico
Fin. Director
4/26/19

Jemez Mountains

Electric Cooperative, Inc.

Customer Information for Electric Service and Membership

Date:

Type of Account: <input type="checkbox"/> Residential Applicants Name: Joint Applicant's Name: <input checked="" type="checkbox"/> Commercial Business Name: <u>Santa Fe County</u> Owner/Contact Name and Title: <u>Colleen Baker, Project Manager</u> Provide DL# and SSN or Tax ID to Clerk for input		Membership Type: <input type="checkbox"/> Individual <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Municipality <input type="checkbox"/> Other (specify) <input type="checkbox"/> Husband and Wife <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> School <input type="checkbox"/> Joint Application Land Status: <input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent, Property Owner's Name if rented
Mailing Address: P.O. Box 276		City, State and Zip Code: Santa Fe, NM 87501
Phone Numbers: Home: Cell: (505) 470-3383 Work: (505) 992-9868 Fax: Email: cbaker@santafecountynm.gov		
Physical Address (County issued): 62 County Rd. 84 Santa Fe, NM 87506		
Meter Number (REQUIRED unless new service): 87365032		Nearest Pole or Meter Number if New Service:
Membership: Are you currently a Member? YES <input checked="" type="checkbox"/> No <input type="checkbox"/>		

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Electric Cooperative Inc.

Customer Information for Electric Service and Membership

Line Extension Addendum

Please check all that apply

☐ Residential ☐ Commercial ☐ Security Light ☐ Upgrade ☐ Retirement ☒ Relocation ☐ Repair

Existing Service Size:

☐ NONE ☐ 100 amp ☒ 200 amp ☐ 300 amp ☐ 400 amp ☐ Other (specify) _____

Service Size:

☐ 100 amp ☒ 200 amp ☐ 300 amp ☐ 400 amp ☐ Other (specify) _____

Voltage:

☐ 120/240 ☐ 120/208 ☒ 277/480 ☐ 240/480 ☐ Other (specify) _____

Service Type:

☒ Overhead ☐ Underground ☐ Temporary ☐ Permanent ☐ Seasonal

For Residential Services

Approximate Square Feet of Home: _____

Type of Heating:

☐ Propane/Gas ☐ Electric

Type of Cooling:

☐ Refrigerated Air ☐ Evap Cooling

Project Type:

☐ Single-family ☐ Duplex ☐ Multi-family ☐ Modular ☐ Manufactured Home ☐ Pump/Well site
☐ Apartments ☐ Built-out (Production) Subdivision ☐ Lot Sale ☐ Zero Lot Line
☐ Condominiums ☒ Other (specify) Recreational facility

Security Lights:

☐ Install Light ☐ Upgrade Fixture ☐ Remove/Retire ☐ Relocate

Install/Upgrade Availability:

☐ 100 Watt Sodium Vapor ☐ 250 Watt Sodium Vapor ☐ 250 Watt Sodium Vapor Steel Pole

Name and Phone Number of Licensed Electrician if known at this time:

Directions to location:

Take US 84/285 north from Santa Fe. Take the exit to NM 502, turn right toward Cities of Gold Rd., turn left on Cities of Gold Rd., take the second left onto Owenngge Rd/County Rd. 84, stay on County Rd. 84 for approximately 0.8 miles. The site is on the left.

