

Application for Membership and Service Transfer-Business

$\underline{PRIMARY\ MEMBER}\ (Business\ Applicant)$		Member Number:		
Business Name:		Type of Business:		
Mailing Address: Address		City	State	Zip Code
Tax ID #		Business Phone Number:Alternate Phone Number:		
Service Location Address (diffe				
Business Owner: First M		Last	Company Title/Position:	
Phone Numbers: Office:				
Business Co-Owner:First MI			Company Title/Position:	
			E-mail address:	
OFFICE CONTACTS: A non-o	MI	Last	Company Title/Pos	fice
2. Name			Company Title/Pos	ition:
First	MI	Last	Phone Number: Office	
regulations and policies wl 2. I agree to comply with all Cooperative has existing procedures, and access to 0 3. I agree not to interfere v underground electric facili 4. I recognize that Lake Coulor defective, the Cooperati 5. I recognize that the quality 6. I understand all members a	and conditions. In the bound by the hich may be adopte existing easements facilities on said properties on said properties are located with entry Power does not be liable to for such power supere automatically errequire a deposit at	e provisions of the Articles of Id by Lake Country Power. on said property from Lake Courtoperty that I do grant Lake Country. The Cooperative's installed electrical cout contacting the proper notificate guarantee a regular and uninterrefer for any damages resulting thereoply may not be suitable, without resulted in the Operation Round Up	incorporation and Bylaws of the atry Power or its predecessor orgountry Power permission for Riccal system. I agree not to diation center. upted supply of energy and in coof. modification, for some business to modification, for some business to modification unless they contact	e Cooperative as well as other rules, ganizations. I recognize that where the ight-of-Way maintenance, operational g, excavate or grade in areas where ase the supply of energy is interrupted and specialized personal uses.
Signature(s):		Date		Office Use:
Business Owner or Au	thorized Corp. S	igner		umber:
Signature(s):		Date		ш

LCP form 04.2014

Business Co-Owner or Authorized Corp. Signer