

PPL Electric Utilities - Fax/Mail Request for Connection of Electric Service

**PERSON WHO IS ACCEPTING RESPONSIBILITY FOR PAYMENT
OF THE ELECTRIC SERVICE MUST FILL OUT FORM**

***ALL INFORMATION ON THIS FORM IS REQUIRED TO COMPLETE CONNECTION OF SERVICE
PLEASE PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURE***

Legal Name: _____		
<small>(This name will go on the account and will be responsible for payment of bills. This name must be the same as signature below.)</small>		
Current Mailing Address: _____		
Current Daytime Phone #: _____	New Phone #: _____	Work #: _____
Social Security # _____		

Effective Date (must be business day): _____ **Meter #** (if known) _____
(This date must be in the future and earliest date of connect is next business day.)

Request to Connect Service at this Address: 6690 Hauser Road Apt. _____
(Include Apt. #, if applicable) Macungie, PA 18062

Mail Bills to: Service Address Listed Above
 Other: _____
(Complete address including zip code)

Type of Service Required:	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Non-Residential
Did you have PPL electric service in your name within the last 60 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own this property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will you occupy this property?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is this a second (vacation) home?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you have electric heat?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Would you like an enrollment form for our Automatic Bill Payment Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you the landlord for this property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If you are the landlord, who will occupy the property? (check one)	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Tenant
	<input type="checkbox"/> Self	<input type="checkbox"/> Property will be vacant

I, the undersigned, request electric service at the address stated above be billed to me and assume responsibility as ratepayer. I understand that if I plan to vacate this property, it is my responsibility to notify PPL Utilities and any remaining occupant at least seven (7) days in advance. In the absence of such notice, I will be responsible for payment of all services rendered.

Signature: _____

Do you currently have electric service with PPL Electric Utilities in your name at another location? Yes No

If YES, would you like to discontinue service in your name at that location? Yes No N/A

Effective Date: _____ **Account Number or Meter Number:** _____

Service Address: _____

If you currently have service in your name at another location, you must complete the above portion of the request or we will continue to bill you for electric service at that location until you notify us.

Would you like us to send you information about Electric Choice? Yes No

Would you like to have more than one person responsible for payment of your electric service at the service address listed above? Yes – Please read and complete the information below.

(If you did NOT answer “yes” to either of the questions above, you do not need to fax/mail this page.)

If you answered YES to either question above, please Fax Completed Form to: 484-634-3484 or Mail to: PPL Electric Utilities, 827 Hausman Road, Allentown, PA 18104.

The information listed below must be filled out completely and signed by both parties. By signing the bottom of this form, both parties will be listed on the bill, and are individually and jointly responsible for payment of bills at this address. Responsibility for payment will be from the effective date requested on Page 1.

We, _____ and _____ accept joint
(Print Name) (Print Name)
responsibility for the electric service bills for _____
(print location including Apt #)
from _____ until further notice is provided to PPL.
(mm/dd/yy)

Phone Number

(Signature)

(Signature)

Social Security #

Social Security #