

MEMBERSHIP APPLICATION – REQUEST FOR SERVICE

Are you building a new construction? Yes No If yes, complete both sides.

Have you previously had service with us? Yes No

Do you have service with us? Yes No If yes, disconnect date: _____ Address: _____

APPLICANT

Desired Service Date: _____ Is this your primary residence? Yes No

Service Address: _____

Name: _____ E-mail: _____

Primary Phone: _____ Cell Other Phone: _____ Cell

I consent the use of my cell phone number(s) as per Item 10 on the Terms and Conditions.

SSN/Tax ID: **DO NOT ENTER** DOB: _____ Driver's License #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

CO-APPLICANT (SECONDARY RESPONSIBLE PARTY - EX: SPOUSE, ROOMMATE, PARENT, POA, ETC.)

Name: _____ Email: _____

Primary Phone: _____ Cell Other Phone: _____ Cell

I consent the use of my cell phone number(s) as per Item 10 on the Terms and Conditions.

SSN/Tax ID: **DO NOT ENTER** DOB: _____ Driver's License #: _____

I/we give Warren RECC permission to discuss my account with:

Will you be buying or renting this location? Buying Renting If renting, Landlord's Name: _____

Description of Structure: House Mobile Home - is it on site? Yes No Other

Security Light at Location Yes No If yes, do you want it connected? Yes No

Billing options: Traditional Prepay Kentucky Living Magazine (Free Subscription) Yes No

Operation Warm Hearts: (Donate by Rounding Bill up to Next Dollar) Yes No

Payment Option: Would you be interested in having your payment automatically deducted from your checking account each month? (Other payment options are available at www.wrecc.com.) Yes No

REQUIRED SIGNATURES REQUIRED

Acceptance of services by the applicant(s) shall constitute a contract between Warren RECC and the applicant(s) and said contract shall be governed by the current and future Warren RECC Bylaws posted on www.wrecc.com and the Terms and Conditions of this agreement.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Note: Both Applicant and Co-Applicant Are Responsible For All Charges Incurred As They Relate To This Electric Service Account.

INFORMATION BELOW TO BE COMPLETED BY WARREN RECC

Previous Account #: _____ Previous Bill: _____

New Account #: _____ Membership Connect CIAC

Location #: _____ Deposit/Reserve: _____

Total Fees: _____

**DECLARATION OF DOMICILE FOR
PURCHASE OF RESIDENTIAL UTILITIES**



**(LANDLORDS OR OTHER ACCOUNTHOLDERS OF MULTI-UNIT DWELLINGS SERVED BY A SINGLE METER
(MASTER METER) USE THE MULTI-UNIT DECLARATION OF DOMICILE)**

In accordance with the provisions of KRS 139.470(7) this declaration may only be executed for the purchase of sewer services, water, and fuel by Kentucky residents for use in heating, water heating, cooking, lighting, and other residential uses. "Fuel" shall include but not be limited to natural gas, electricity, fuel oil, bottled gas, coal, coke, and wood.

_____ is the accountholder for _____
Name of Accountholder *Service Address*

I, _____, am the resident or
Name of Individual Signing the Declaration (cannot be landlord)

Relationship of the undersigned to the resident

I declare that the address listed is my place of domicile* or the place of domicile* of _____
Name of Resident

and the purchase of residential utilities for use at this address meets the qualifications for exemption from Kentucky sales and use tax under KRS 139.470(7).

Accordingly, I request the account associated with the above listed service address be classified as exempt from sales and use tax. I understand the exemption will begin on the date of the first full billing cycle after the date of receipt of this declaration by the utility provider or rural electric cooperative.

Under penalties of perjury, I swear or affirm that the information on this declaration is true and correct as to every material matter.

Signature of resident or representative

Date

* KRS 139.470(7) describes a place of domicile as "the place where an individual has his or her legal, true, fixed and permanent home and principal establishment, and to which, whenever the individual is absent, the individual has the intention of returning."

Instructions

- Submit the Declaration of Domicile to each applicable utility provider or rural electric cooperative, not to the Department of Revenue.
- Each resident may have only one place of domicile but may be listed as a responsible party for other service addresses.
- The change in taxability for accounts will be effective on the first day of the first full billing cycle after the date of receipt of this declaration by the utility provider or rural electric cooperative.

Department of Revenue Contact Information:

Phone: 502-564-5170

Email: DOR.Webresponsesalestax@ky.gov

For Office Use Only:

Account No.

Warren RECC Representative

Date

**MEMBER APPLICANT
INVITATION TO SELF-IDENTIFY**

Date: ____/____/____

In accordance with Federal civil rights laws, no person shall be excluded from Warren RECC membership and/or participation in Warren RECC programs, due to race, color, national origin, religion, sex, gender identity, sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity.

Voluntary Information

Because Warren RECC is a recipient of Federal financial assistance from the Rural Utilities Service, an agency of the U.S. Department of Agriculture, we are required to identify and collect racial/ethnic data from eligible applicants.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential and will be used only for required governmental reporting. When reported, data will not identify any specific individuals.

Gender: MALE FEMALE**Race/Ethnicity:** WHITE (not Hispanic or Latino) BLACK or AFRICAN AMERICAN (not Hispanic or Latino) HISPANIC OR LATINO ASIAN (not Hispanic or Latino) AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino) NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino) OTHER (not Hispanic or Latino) I DO NOT WISH TO DISCLOSE.