



## Application for Service

To apply for service, email the following documents to [applications@wrecc.com](mailto:applications@wrecc.com).

### **Required Documents:**

- 1. Membership Application** (attached)
  - Include service address (address of the property requesting electrical service)
  - Do not email Social Security number(s). We will contact you for this information.
- 2. Declaration of Domicile** (attached)
- 3. Self-Identify form** (attached) - optional
- 4. Driver's License or government issued photo ID
- 5. Renters only:
  - Lease or rental agreement
  - **All** tenants over 18 years of age must be on the application.

### **Application Fees:**

- \$10 membership fee
- \$35 connect fee or transfer fee
- \$300 deposit, if required per credit check

### **Notes:**

- **Requests submitted electronically will be reviewed during normal business hours. We require notice of 1-3 business days for service requests.**
- If you are interested in our Prepay option, you must apply in person at any of our offices.

If you have any questions, contact us at **270-842-6541** or **800-844-1664** on Monday through Friday from 7:30 a.m. – 4:30 p.m.

**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:	Primary Residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Structure:
Service Address:	City:		
Name:	E-mail:		
Mailing Address:			
City:	State:	Zip Code:	
Primary Phone:	<input type="checkbox"/> Cell	Other Phone:	<input type="checkbox"/> Cell
SSN/Tax ID:	<b>DO NOT ENTER</b>	DOB:	Driver's License #: _____ State: _____

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

Name:	Email:
Primary Phone:	<input type="checkbox"/> Cell Other Phone: _____ <input type="checkbox"/> Cell
SSN/Tax ID:	<b>DO NOT ENTER</b> DOB: _____ Driver's License #: _____ State: _____

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

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

Will you be buying or renting this location?  Buying/Own  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:	<input type="checkbox"/> Traditional <input type="checkbox"/> Prepay	Kentucky Living Magazine (Free Subscription)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operation Warm Hearts: (Donate by Rounding Bill up to Next Dollar)	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <a href="http://www.wrecc.com">www.wrecc.com</a> .)	<input type="checkbox"/> Yes <input type="checkbox"/> 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, TVA Rules and Regulations, Warren RECC Policies, and the Terms and Conditions of this agreement. Visit [www.wrecc.com](http://www.wrecc.com) to view Warren RECC Bylaws and TVA Rules and Regulations.*

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 #:	<input type="checkbox"/> Membership <input type="checkbox"/> Connect <input type="checkbox"/> 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

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**MEMBER APPLICANT  
INVITATION TO SELF-IDENTIFY**

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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.