

PHONE 765-762-6114  
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FAX 765-762-6117

WARREN COUNTY REMC  
COMMUNITY OWNED - COMMUNITY BUILT

PO BOX 37  
WILLIAMSPORT IN  
47993

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CONNECTION REQUEST  
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Business Name (if applicable) \_\_\_\_\_ Tax ID# \_\_\_\_\_

If joint account is desired, please complete information for both parties:

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Service Address:

\_\_\_\_\_  
City Zip

Mailing Address:

(if different than above)

\_\_\_\_\_  
City Zip

Desired date of connection or date for transfer of service: \_\_\_\_\_

Credit Reference (must be 1 yr history with previous utility): \_\_\_\_\_

<b>Primary Member:</b>	SS#: _____	<b>Joint Member:</b>	SS#: _____
Birth Date:	_____	Birth Date:	_____
Employer:	_____	Employer:	_____
Employer address (city)	_____	Employer address:	_____
For how Long:	_____	For how long:	_____
Home Phone:	_____	Cell Phone:	_____
Cell Phone:	_____	Work Phone:	_____
Work Phone:	_____	email:	_____
email:	_____		

Do you own this property? Yes:

No:

If no, who is the property owner? \_\_\_\_\_

Have you ever been a member of Warren Co REMC?

Yes:

No:

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**REMC USE ONLY**

Account Number:

Membership fee paid:

Total deposit due:

Amt Paid:

Balance on Acct: