

TENANT INFORMATION FORM FOR SNOHOMISH COUNTY PUD SERVICE

IF THE POWER IS CURRENTLY OFF,
please call Customer Service at 425-783-1000 (Monday-Friday, 8AM - 5:30PM)
 TTY (Deaf/Hard of Hearing): 7-1-1 or 1-800-833-6384

Person(s) Responsible for paying PUD bills – Primary, Spouse, Co-tenant(s):

Service Address	Unit #	City/Zip Code	Start Date
Mailing Address (if different)	Unit #	City/State/Zip	
Responsible Party First Name	Middle Initial	Last Name	
Social Security Number REQUIRED	Preferred Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell ()	Work Phone # ()	
Email Address	Birth Date	Driver's License #	State
Responsible Party: <input type="checkbox"/> Spouse <input type="checkbox"/> Co-tenant First Name	Middle Initial	Last Name	
Social Security Number REQUIRED	Preferred Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell ()	Work Phone # ()	
Email Address	Birth Date	Driver's License #	State
Responsible Party: <input type="checkbox"/> Spouse <input type="checkbox"/> Co-tenant First Name	Middle Initial	Last Name	
Social Security Number REQUIRED	Preferred Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell ()	Work Phone # ()	
Email Address	Birth Date	Driver's License #	State

The above statements are true and accurate to the best of my knowledge. This application for service, signed by all responsible parties, will be submitted electronically. All applicants will be held financially responsible. If identity cannot be validated by Social Security Number(s) provided, this application will be rejected, and the applicant(s) will be required to come into the PUD office with two (2) valid forms of government-issued identification (one with photo) to start service.

When service is started, a \$15.00 account service charge will be billed and a deposit may be assessed. Applicants will continue to be responsible for any charges incurred at the above address through the date the PUD is notified to close the account.

Responsible Party Signature: _____ Date: _____

Responsible Party Signature: _____ Date: _____

Responsible Party Signature: _____ Date: _____

Please close my prior Snohomish County PUD (current or future date only).

Prior Snohomish County PUD Account:

Service Address	Unit #	City/Zip Code	End Date
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Note to Manager: Please keep this form in your tenant's file. **DO NOT send it to Snohomish County PUD.**