



RESIDENTIAL APPLICATION FOR SERVICE

S-2244 (03-09)

1411 East Mission
P.O. Box 3727
Spokane, WA 99220-3727
www.avistautilities.com

Please return completed application to Avista Utilities within 5 days.

Please print

1. Have you ever had an account with Avista Utilities in the past? Yes No

If yes, at what address? _____

2. If you currently have service with Avista Utilities, should we close your account? Yes No

If yes, what is the date your service should be closed? Date: _____

Address: _____

| | | | | | |
|--------------------------|---|----------|---|---|------------------------|
| Customer | Date Responsible for Service | | | | |
| | Address of Service You Are Applying For | | | | |
| | E-mail Address | | How do you want to receive your bill? <input type="checkbox"/> Mail <input type="checkbox"/> Over the Internet | | |
| | Mailing Address Bill Is To Be Sent To (if different than service address) | | | | |
| | Customer Name (First) | (Middle) | (Last) | Social Security Number | |
| | Home Phone | | Cell / Message Phone | | |
| | If Renting, Landlord's Name, Address & Phone Number | | | <input type="checkbox"/> Buying <input type="checkbox"/> Renting | |
| Spouse / Roommate | Spouse or Roommate's Name (First) | | (Middle) | (Last) | Social Security Number |
| | Home Phone | | Cell / Message Phone | | |
| | Additional Roommate's Name (First) | | (Middle) | (Last) | Social Security Number |
| | Home Phone | | Cell / Message Phone | | |

I understand that any misrepresentation of credit information on this application will result in termination and/or denial of service. I (We) will be held responsible for usage until the date Avista Utilities is notified of closing.

Signature _____ Date _____

For your convenience, you may apply for service by
faxing this completed form to **509-777-9506**
or visit our website at **www.avistautilities.com**
or call us at **1-800-227-9187**.