

# Webster Electric Application for Membership, Electric Service and Utility Easement

P.O. Box 87 1240 Spur Drive Marshfield, MO 65706 ph: 417/859-2216 or 800/643-4305 fax: 417/859-4579 www.websterec.com

The undersigned (hereinafter called the Applicant), hereby applies for membership in and agrees to purchase electric energy from Webster Electric Cooperative (hereinafter called the Cooperative), upon the following terms and conditions.

1. The Applicant has paid to the cooperative a sum of money as a service deposit. The amount to be paid will be determined by submitting customer information to Utility Online Exchange, a credit rating company. The cooperative will receive no information except a rating. The deposit will be:

\$0 for good credit

\$150 for average credit

\$250 for bad credit

\$10 connection fee will also be charged on each account.

2. The Applicant will, when electric energy becomes available, purchase from the Cooperative all electric energy used on the premises described below and will pay therefore monthly at rates to be determined from time to time in accordance with the bylaws of the Cooperative; provided however, that the Cooperative may limit the amount of electric energy to be furnished for industrial uses. The Applicant will pay at least the monthly availability regardless of the number of kilowatt hours consumed.

3. The Applicant certifies that the one box marked is the predominant use of electricity. If energy purchased results in a sales tax liability due to use other than that stated, the Applicant assumes responsibility for remitting such tax due directly to the Director, Missouri Department of Revenue.

Resident

House well

Grain Drying

Farming barn

Farm well

Cabin

Dairy Barn

Rental Property

Other

4. The Applicant will cause his premises to be wired in accordance with wiring specification approved by the Cooperative.

5. The Applicant will comply with and be bound by the provisions of the charter and bylaws of the Cooperative, and such rules and regulations as may from time to time be adopted by the Cooperative.

6. The Applicant, by becoming a member, assumes no personal liability or responsibility for debts or liabilities of the Cooperative, and it is expressly understood that under the law his private property is exempt from execution from any such debts or liabilities.

7. The Applicant is hereby aware and acknowledges that it is unlawful to tamper with the electrical distribution equipment, including a meter, for the purpose of diverting, interrupting, improperly measuring electrical power. If a member is found to have stolen electricity; before service is restored an additional \$500 security deposit will be required prior to reconnection.

8. The Applicant hereby expressly conveys to the Cooperative a thirty (30) foot easement being fifteen (15) foot, either side of the electric distribution line for the construction, maintenance and operation of the electric service extension serving the above referenced account location and does hereby convey to the Cooperative the perpetual right to enter upon the lands of the undersigned located at the above referenced account location for the purpose of maintaining the electric distribution line owned by the Cooperative by cutting, trimming, spraying, or by any other manner removing all brush, trees and timber within fifteen (15) feet of the centerline of said electric distribution lines, and to remove or trim all other trees which in the opinion of the Cooperative would endanger or be a potential hazard to the operation and maintenance of the line.

Applicant has provided \$\_\_\_\_\_ as aid to construction for installation of the service connected on agrees that this application constitutes a contract with the Cooperative that he or she will continue payments required by Paragraph three hereof until \_\_\_\_\_ after installation of service or until a new applicant takes electrical service using the facilities.

Account #:

Location:

Service Address:

City Limits:

School District:

Home Phone:

County:

Co-Applicant name

Mailing Address:

Co-Applicant Social Security Number

Name:

Co-Applicant Employer

Social Security Number:

Co-Applicant Business Phone

Employer:

Business Phone#:

Signature: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

First Time Member Yes / No

Notification of Life Support Attached: Yes / No

Tax Exempt Certificate Attached: Yes / no

Date: 10/26/2009