

**HIGH PLAINS POWER INC
MEMBER CONNECT INFORMATION**

APPLICANT INFORMATION

Name _____ S.S.# _____
(Last) (First) (MI)

Billing Address _____
(Street or PO Box) (City) (State) (Zip)

Physical Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

COAPPLICANT INFORMATION (if applicable)

Name _____ S.S.# _____
(Last) (First) (MI)

Employer _____ Work Phone _____

BUSINESS APPLICANT INFORMATION

Company Name _____ TAX ID # _____

Billing Address _____
(Street or PO Box) (City) (State) (Zip)

Physical Address _____ Phone _____

OTHER INFORMATION

Name, address and phone number for emergency and/or future contact for capital credit refunds:

(Name) (City) (State, ZIP) (Phone)

Describe any health problems dependent on electricity for this location: _____

In order to continue receiving federal assistance, we are required to identify ethnic data. This question is optional:

Caucasian ___ African American ___ Hispanic ___ American Indian/Alaska ___ Asian/Pacific

OFFICE USE ONLY

Location # _____ Letter of credit/Auto Draft _____

Deposit required \$ _____ Prepared by _____

HIGH PLAINS POWER, INC., P O BOX 713, RIVERTON, WY 82501-0713
800-445-0613 307-856-9426
FAX - 307-856-4207