

# OAHE ELECTRIC COOPERATIVE, INC.

102 S. Canford - PO Box 216 - Blunt, South Dakota 57522-0216

Phone (605) 962-6243 or 1-800-640-6243 - Fax (605) 962-6306 - E-Mail Address oahe@oaheelectric.com

## \*\*\*\*\* APPLICATION FOR ELECTRIC SERVICE AND MEMBERSHIP \*\*\*\*\*

The undersigned hereby requests electric service and applies for membership in the Cooperative with all voting and related privileges and agrees to comply with and be bound by the By-Laws, Rules, Regulations, Rates and Policies as adopted by the Cooperative's Board of Directors and membership from time to time. The Applicant agrees to arbitrate all disputes as provided the bylaws of the Cooperative. The applicant/co-applicant promises to pay a security deposit and promises to pay for all electric service received and charges incurred and as a condition of membership will give an easement for service. The undersigned grants to the Cooperative the right to construct, operate, maintain and repair its lines and all equipment connected or used in connection therewith and to cut and trim trees, bushes, or shrubbery as to completely clear Oahe's line of obstructions. All service lines, meters, switches and other equipment constructed or installed by the Cooperative remain the sole property of the Cooperative. Included with your membership fee is a subscription to Oahe Electric Cooperative Connections at a rate of \$6 per year.

Application Date: \_\_\_\_\_

Spouse: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant's Name (Please Print) \_\_\_\_\_

Co-Applicant's Name (Please Print) \_\_\_\_\_

SSN/EIN \_\_\_\_\_

SSN/EIN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment \_\_\_\_\_

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

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

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

New Mailing Address (if different than Current Mailing Address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Have you been a member of Oahe Electric Cooperative in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

What does this account serve?	Primary Residence	House	Mobile Home	Apt	Business
	Seasonal Residence	Grain Bin	Irrigation	Well	Other

Service Legal Desc: \_\_\_\_\_

Transfer Service \_\_\_\_\_ ( Previous Consumer & Map Location ) \_\_\_\_\_ Transfer Date \_\_\_\_\_

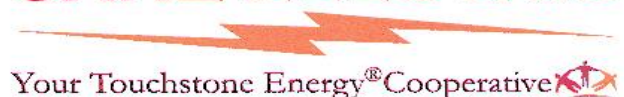
### VOLUNTARY INFORMATION

According to the Civil Rights Compliance Requirements, all RUS Borrowers must establish and maintain a documented system to Identify and code the race/ethnic group of residences within their service area. Your response to the following is voluntary:

_____ White Not of Hispanic Origin	_____ Black/African American	_____ Native Hawaiian/Other
_____ American Indian/Alaska Natives	_____ Asian/Pacific Islander	_____ Hispanic/Latino
_____ Other		

Please fill out, sign and return the application within 10 business days to avoid interruption in service. If disconnected, all appropriate fees will be paid prior to reconnection. Thank you.

## OAHE ELECTRIC



In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Person with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202)720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027,

found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit you completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture/Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410
2. fax: (202)690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

USDA is an equal opportunity provider, employer and lender.