

Exhibit B to General Application for Electric Service – Lessee

(302) 645-6228 phone
(302) 645-6358 fax

Applicant: _____ Date: _____

D.O.B: _____ Social Security #: _____ **

Driver's License #: _____
(if mailing send a photocopy of license)

Service Address: _____

Owners Name: _____

Billing Address (if different): _____

Telephone Number(s): primary: _____

secondary: _____

Place of employment and phone number: _____

Email Address: _____

The information furnished above is correct to the best of my knowledge. I understand that failure to pay my bill when it is due will result in disconnection. I agree that prior to my vacating the property, I must contact the Lewes Board of Public Works to set up a Final Reading and provide a forwarding address. By signing this Application, I understand that failure to bring my account to a zero balance will result being reported to the Credit Bureau and will appear on my Credit Report.

Applicant Signature