



Florida Keys Electric Cooperative Association, Inc.

Customer Service Information

ACCOUNT INFORMATION:

Account No: _____

Subdivision: _____

Block/Lot No: _____

Street Address: _____

Meter Number: _____

Date Service Needed: _____

CONSUMER INFORMATION:

Consumer Name: _____
LAST FIRST MI

Joint Name: _____
LAST FIRST MI

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Zip+4: _____

Location Phone: _____ Second Phone #: _____

Consumer SSN#: _____ Joint SSN#: _____

Date of Birth: _____ Joint Date of Birth: _____

****If account is to be under a Business name, please enter Federal ID #: _____**

Drivers License: State: _____ License #: _____

Joint Drivers License: State: _____ License #: _____

Please send a copy of Drivers License(s)

DEPOSITS & FEES:

Please Remit:

FOR OVERTIME CREW ONLY

Deposit: _____

Service Fees: _____

Total: _____

Reading: _____
Employee#: _____

**YOU MAY REQUEST A CREDIT INQUIRY THAT COULD REDUCE OR WAIVE YOUR DEPOSIT.
 IF YOU WOULD LIKE US TO PERFORM A CREDIT INQUIRY PLEASE INDICATE:
 YES NO**

NOTES & REMARKS:
