## **Jackson Energy Authority Residential Service Application**



Account #		One thing you can count on.
Applicant's Name	First	Middle
Personal Phone No		
Social Security No		Homeowner
Drivers License No	State	
Employer	Work Phone No	
Spouse's Name		
Social Security No		Middle State
Personal Phone No		
Person to Contact in Event of Emergency		ie
Previous Address		
Roommate/Co-Responsible Name		
Social Security No Drivers	First First	Middle Phone
The undersigned hereby makes application for the utility services atas measured by the Jackson Energy Authority (JEA) meters according to rates		
The applicant agrees to permit authorized agents of the JEA free access to the removing property of JEA. The applicant agrees that any cost involved in colle agency fees, attorney fees and court costs will be paid by the applicant.	e premises of the consumer for the purpose of	
and reserves the right to reject any wiring or piping. JEA will not be liable or a piping or appliances, or from violation of JEA Rules and Regulations, now in foupon customer's premises.  The applicant agrees that this application is subject to the JEA Rules and Regulations are a part of the business office of JEA; and that such Rules and Regulations are a part of the subject to the JEA.	orce or those which may hereafter be adopted alations, now in force or as may be adopted,	ed, or from accidents which may occur copies of which are open for inspection
Authorized Signature	JEA Representative	Date
UtiliCare Sign-Up: Opt-in to make a donation on your JEA utility bill to help fam monthly donation. Proceeds go to Southwest Human Resource Agency (SWHRA)  — Yes, I want to participate in the UtiliCare progra	to be used exclusively for JEA customers need arm.	ing utility assistance (Customer Signature)
One Time Donation. Amount \$  This is a one time addition to your utility bill.  Completing this form and returning to JEA authorizes JEA to opt you in the program. You may	Recurring Donations:   \$\text{\$\subseteq\$ \$\\$1\$} \tag{\\$5}\$  This will be added to your monthly utility bill opt-out at any time by contacting JEA at 422-7500. To let	
CPNI "Opt-In" Protection Request: I give my permission for the use of my Information (CPNI) by JEA for those uses specifically permitted with my consent. the notification of my rights concerning release of my CPNI, and I understand rules. I understand I may limit or revoke this authorization at any time upon pro Customer Name Acct Number Address Customer Signature Telecommunications Standard Installation Waiver: If telecommunication understand that an installation fee of \$100.00 will be waived only if the service if a minimum period of twelve (12) months continuous service. Early termination period will result in the fees being applied to my final telecommunications bill.  Customer Signature Da	Customer Proprietary Network I have been provided a copy of I my rights under Federal CPNI per written notice to JEA.  Battery  Date  Date	tery Backup: If telephone services are I, I understand that a battery backup will ed by JEA in the equipment box which is JEA's fiber network, generally located utside of the home or business. This Backup enables your JEA telephone in E911 calls to function during a power or approximately 8 hours. The backup could give you 6 hours of talk time. In the in outage, limit unnecessary phone calls we battery life. As part of your service, we your backup battery on your behalf, and the any nonfunctioning battery at no cost 24-hour battery backup is available for onal cost. Call 422-7500 to order.
Do		Date