

Member Number

PO Box 220  
Martin, SD 57551  
Phone: (605) 685-6581  
Fax: (605) 685-6957  
Email: [lacreek@lacreek.com](mailto:lacreek@lacreek.com)

**APPLICATION FOR ELECTRICAL SERVICE**  
**CORPORATION OR PARTNERSHIP**

The undersigned applicant hereby applies for electric service and agrees to purchase electric energy from Lacreek Electric Association, Inc., upon the following terms and conditions.

1. The applicant will purchase from the Cooperative all electric energy used on the premises described below, and will pay therefore monthly in accordance with the Bylaws of the Cooperative.
2. The applicant grants the Cooperative an easement on applicant’s property as provided in the Cooperative’s Bylaws and Policies.
3. The applicants will comply with the provisions of the Articles of Incorporation and Bylaws for the Cooperative, and all rules, policies, and rate schedules established pursuant thereto, as all the same now exist or hereafter are adopted or amended. Also included with this membership, the applicant hereby agrees that \$6.00 of the amount paid for electricity each year is for a subscription to the Lacreek Electric Cooperative Connections.
4. Lacreek Electric Association, Inc., does not guarantee uninterrupted service. Lacreek Electric Association shall not be responsible for outages caused by Acts of God or other acts beyond their control. Consumers are responsible for giving notice to Lacreek Electric Association of any outages or other service problems. Lacreek Electric Association may at any time suspend service to consumers for making repairs, changes or improvements in the system. Lacreek Electric Association shall not be liable for any damages resulting from such interruption or failure.
5. Applicant agrees that Lacreek Electric Association, Inc. may contact applicant by phone, text or e-mail regarding all matters that pertain to my account and programs Lacreek Electric Association, Inc. offers. Applicants have the option to opt out of phone calls.
6. I understand that if I am disconnected for non-payment and have a meter that has the ability to disconnect or reconnect electronically, the meter will reconnect when the past due amount on the account is paid.
7. Applicant agrees that any Capital Credits that will accrue to this membership may be used to satisfy any amounts owed by the member to Lacreek Electric Association, Inc. as Capital Credits are retired

Corporation or Partnership Name

Business ID Number

Mailing Address

City, State, Zip

Telephone Number (Office)

Telephone Number (Home)

Witness

Witness

Officer’s Name (1)

Social Security Number

Officer’s Name (2)

Social Security Number

Officer Email (1)

Officer Email (2)

Signature of Officer (1)

Signature of Officer (2)

In the event we are sending a capital credit refund check, and do not have a current business address, who may we contact for a forwarding address?

Name

Box Number or Address

City

State

Zip

(For office use only)

The above application for service is accepted this \_\_\_\_\_ day of \_\_\_\_\_.

Lacreek Electric Association, Inc.

By: \_\_\_\_\_ \*This information is on a voluntary basis.

Lacreek Electric is an equal opportunity provider, employer and lender.