



GUAM POWER AUTHORITY
ATURIDAT ILEKTRESEDAT GUAHAN
P.O. BOX 21868 Barrigada, Guam 96921-1868
APPLICATION AND AGREEMENT FOR ELECTRIC SERVICE

On this _____ the Guam Power Authority, whose address is PO Box 21868, Barrigada, Guam, 96921-1868, and _____
(Hereafter Referred to as "Customer) whose mailing address is _____
_____ by through their duly authorized
representatives entered into this application and agreement for electric service.

The Customer hereby applies for the Guam Power Authority to provide electrical service in accordance with the Guam Power Authority's Service Rules and Regulations, and rate schedules, for the following service location: _____

The Guam Power Authority hereby agrees to provide electrical service to the Customer's aforementioned service location in accordance with the Guam Power Authority's Services Rules and Regulations and Rate Schedules and pursuant to the following conditions:

1. The customer shall permit the Guam Power Authority to read the Customer's electric meter every month. Reading schedule information may be obtained from Customer Service either in person or by telephone.
2. **THE AUTHORITY IS NOT RESPONSIBLE FOR BILL STATEMENTS THE CUSTOMER DOES NOT RECEIVE.** It is the customer's responsibility to obtain a copy of a bill from the Guam Power Authority's Business Office, if the customer does not receive the original bill statement fifteen (15) days after the "Billed Date".
3. Security deposit may be returned for good credit based on timely payment of the first twelve (12) consecutive months of bills and upon request by the account holder. The request may be made in person, by telephone, or in writing to Customer Services.
4. Upon termination of service or cancellation of service prior to the establishment of service of good credit refund, the deposit will be applied to any charges applicable or outstanding on the account. The entire deposit or any excess portion of the deposit will be returned within 30 to 60 days.
5. Request for termination of services must be made two (2) working days prior to the actual requested date by the account holder. The request can be made either in person, or with written authorization by the account holder.
6. Request for change of mailing address may be made in person, or with written authorization by the account holder.
7. Failure to receive a bill statement does not prevent it from being due and payable, or the service to be suspended for nonpayment.
8. All bill statements are due and payable upon presentation, or fifteen (15) days after the "Bill Date". If the bill statement is not paid and appears on the current month's bill as an "Arrears" or unpaid balance, the full amount (i.e. unpaid balance and current balance) is immediately due. Failure to comply may result in immediate electric service disconnection without further notice.
9. If at any time electric service is suspended for nonpayment or noncompliance of any Guam Power Authority Service Rules and Regulations, and/or rate schedule, a reconnection fee will be required

before service is restored.

10. The Customer and/or Co-Applicant hereby applies for electric service at the service location identified above, and agrees to comply with the Guam Power Authority's Service Rules and Regulations, and Rate Schedules now in effect and/or adopted while service is being provided.
11. The Authority's representatives shall have full and free access to the customer's premises at all reasonable times for the purposes of reading meters, inspections and repairs, installations or removal of the Authority's property, or for any other purpose incident to providing service. Any question as to the authority or credentials of the Authority's representatives should be immediately communicated to the Guam Power Authority.
12. All customers motor equipment installations shall protective apparatus, or inherent construction within the equipment to accomplish protection as specified in the Guam Power Authority's Service Rules and Regulations.
13. The Customer hereby agrees to indemnify and hold harmless the Guam Power Authority and its Directors, Officers, and Employees from any claim, damage, liability, injury, expense, or loss, including defense costs and attorney's fees arising out of the Customer's use of the electrical service the Guam Power Authority provides under this agreement.
14. The Customer hereby agrees to waive any claims it may have against the Guam Power Authority for any loss or damage resulting from the Customer's use of the electrical service the Guam Power Authority provides under this agreement.

The Parties hereby agree to the above stated terms and conditions:

Authorized Representative (Print/Sign)
Guam Power Authority
Date: _____

Customer's Signature/Authorized Representative
Date: _____
SSN: _____

Co-Applicant's Signature/Authorized Representative
Date: _____
SSN: _____

Home Phone: _____

Work Phone: _____



**GPA CUSTOMER SERVICES DIVISION
CUSTOMER INFORMATION**

Applicant Name: _____ ID # _____

Home Phone # _____ Work Phone # _____ Other Contact # _____

Place of Employment: _____

Mailing Address: _____

Service Address: _____

Co-Applicant Name: _____ ID # _____

Home Phone # _____ Work Phone # _____ Other Contact # _____

Place of Employment: _____

NAME (3) REFERENCES NOT LIVING WITH YOU

(1) _____ Contact Phone # _____

(2) _____ Contact Phone # _____

(3) _____ Contact Phone # _____

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

DEPOSIT / INACTIVE ACCOUNT

Deposit Assessed (Y) or (N) _____ Amount \$ _____

Verified for Inactive Balance (Y) or (N) Account # _____ Amt Due \$ _____

Reviewed / Approved by: _____ Date _____

CSR Signature _____ Date _____



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CUSTOMER SERVICES DIVISION
CUSTOMER INFORMATION

Applicant's Name: _____ **Co-Applicant's Name:** _____
Applicant's ID No: _____ **Co-Applicant's ID No :** _____
Home Phone No: _____ **Work Phone No:** _____
Mailing Address: _____
Service Location: _____

Please draw a map to your premises

FOR OFFICE USE ONLY

Service Request Date _____ **New Service or Previously Supplied (Circle one)**
Work Order No: _____ **Task Name** _____ **Class/Service:** _____
Account Number: _____ **Addr Book No** _____ **Service Addr No** _____
Accepted _____ **Date:** _____
Harmon _____ **Hagatna** _____ **Agat** _____ **Credit & Collection** _____