

Our Energy...Your Power Customer Care Application Dept. 6-9 411 Seventh Ave. Pittsburgh, PA 15219

APPLICATION FOR	ELECTRIC SERVICE
FOR RESIDI	ENTIAL CUSTOMERS

For Office Use Only:	
Account Number	

IMPORTANT

You must be 18 years or older to apply for service

If this application is r		•	ed is incorrect or frau		e will not be	established.
Applicant:				Social Securit	ty Number:	
Joint Applicant:				Social Securit	ty Number:	
Service Address:				Home Teleph	one Number	:
City:	State:	Zip Code:		Business Telephone Number:		
Please list or correct the date from which you are responsible for service:			Turn ON Date:			
Mailing Address (If different from Service Address):						
List your Previous Ho	ome Address:					
From:	To:	Address:	City:	S	tate:	Zip Code:
		Electric and Ga	as Company Name:		Accou	unt Number(s):
Names: (Adult Occup	oants)			Social Securit	tv Numbers	
1.					<u>, , , , , , , , , , , , , , , , , , , </u>	
2.						
3.						
4.						
5.						
6.						
Landlord/Mortgage F	Holder:			Telephone Nu	ımher:	
Landiord/Mortgage Holder.			Telephone Tumber.			
Address of Landlord/	Mortgage Holder:					
If you are a landlor	d and this electric s	ervice is for your	tenant, please chec	ck this box:]	
Please fax or mail yo	ur completed application	ation and copies o	f your valid picture l	ID, mortgage, d	leed or lease	to the following:
Fax: (412) 393-58]	Customer Care Applications Dept 6-9 Duquesne Light Company 411 Seventh Ave. Pittsburgh, PA 15219				
By submitting this application you are hereby authorizing Duquesne Light to check credit and employment history.						
Signature		Date	Signature Joi	int Applicant	Ι	Date
Call Duquesne Light at 412-393-7100 (option 2-1-1) to pay your deposit or outstanding balance in certified funds (no personal checks). If payment has been made, fill out the payment section below.						
Denosit Amount:	Outstandin	a Ralanca:	Payment Referen	nce Number:	Payment M	lethod: