MOOSE LAKE POWER 401 Douglas Avenue P.O. Box 418

Moose Lake, MN 55767 Telephone: 218-485-4100 Fax: 218-485-8729

ELECTRIC SERVICE AGREEMENT

THIS A	AGREEMENT, made thisday of, 20, en the Moose Lake Power, a Minnesota municipal electric utility,		
and covena service	, hereafter called "Customer", in consideration for the ants and promises made herein creates the obligation of the Moose Lake Power to furnish electric and customer to pay for said electric service in accordance with the following terms and conditions.		
1.	Electric service shall be furnished to Customer's premises located at		
2.	the State of Minnesota, described on Exhibit A, attached hereto (the "Premises"). This electric service shall be billed at the current applicable rate and class at the time the electric service is used or as approved by any regulating body having jurisdiction thereof.		
3.	The parties hereto mutually agreed to abide by any and all applicable statutes and rules of the Minnesota Public Service Commission.		
4.	This Agreement is not assignable to any other party without the express written consent of the Moose Lake Power.		
5.	This Agreement shall be in full force and effect for the term above specified and each party shall be bound unless an express written release is executed by the party not requesting said release.		
6.	Customer has received and agrees to abide by the Electric Service Regulations of Moose Lake Power		
MOOS By:	SE LAKE POWER By:		
Titlo			

MOOSE LAKE POWER 401 Douglas Avenue P.O. Box 418

Moose Lake, MN 55767 Telephone: 218-485-4100 Fax: 218-485-8729

ELECTRIC SERVICE AGREEMENT

Name:		
Please list other adults in household (18 years and	l older):	
Company Name (if applicable):		
Service Address:		
Billing Address:		
Cell #:	_Home #:	
Email:	Email Billing Yes	
Move in date:		
Do you:	Pro <mark>perty u</mark> se:	
Own:	Residential:	
Rent: Landlord:	Commercial:	
Driver's License/ID #:Tax ID # (if applicable):		
	HECK ONLY PLEASE e #152): \$100.00 or 2 month's average, whichever is greater	
	DEPOSIT – call office 218-485-4100	
I/we, the undersigned, agree to	pay all costs for the requested service.	
Signature:	Date:	
	Payment or see other Payment Options: om or cityofmooselake.net	
Account Number:	Deposit Date Deposit Amount Payment Method:	
Date Entered	CASH CK	