Jackson Energy Authority Residential Service Application



Account #		One thing you can count on.
Applicant's Name	First	Middle
Personal Phone No		
Social Security No	Check which applies: Renting _	Homeowner
Drivers License No	State	
Employer	Work Phone No	
Spouse's Name		
Social Security No	First Drivers License No.	Middle State
Personal Phone No		
Person to Contact in Event of Emergency		ie
Previous Address		
Roommate/Co-Responsible Name		
Social Security No Driver	First 's License No.	Middle Phone
The undersigned hereby makes application for the utility services atas measured by the Jackson Energy Authority (JEA) meters according to rate		
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 collagency fees, attorney fees and court costs will be paid by the applicant.	e premises of the consumer for the purpose of	
JEA shall have the right, but shall not be obligated, to inspect any installation and reserves the right to reject any wiring or piping. JEA will not be liable or piping or appliances, or from violation of JEA Rules and Regulations, now in upon customer's premises.	responsible for any loss or damage resulting force or those which may hereafter be adopte	from defects in the installation, wiring, d, or from accidents which may occur
The applicant agrees that this application is subject to the JEA Rules and Regat the business office of JEA; and that such Rules and Regulations are a part		
Authorized Signature	JEA Representative	Date
UtiliCare Sign-Up: Opt-in to make a donation on your JEA utility bill to help fa monthly donation. Proceeds go to Southwest Human Resource Agency (SWHRA Yes, I want to participate in the UtiliCare programmer to the Privacy Policy and the Responsible Par	.) to be used exclusively for JEA customers needicam.	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 man	Recurring Donations: \$\text{\$\text{\$\text{\$\text{\$}}\$}}\$ This will be added to your monthly utility bill	□ \$10 □ Amount \$
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 understant rules. I understand I may limit or revoke this authorization at any time upon procustomer Name Acct Number Address Acct Number Signature Telecommunications Standard Installation Waiver: If telecommunication understand that an installation fee of \$100.00 will be waived only if the service a minimum period of twelve (12) months continuous service. Early termination period will result in the fees being applied to my final telecommunications bill	coustomer Proprietary Network t. I have been provided a copy of d my rights under Federal CPNI oper written notice to JEA. Det Date Date Date Jons services are requested, I is retained active in my name for n prior to the twelve (12) month Customer S requested be install terminate on the o Battery I service fo outage for battery she event of a to preserv maintain will replace to you. A an addition of the twelve (12) month Customer S	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 is JEA's fiber network, generally located utside of the home or business. This Backup enables your JEA telephone is JEA's fiber of the fi
Customer Signature	Date	Date