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DMY \_\_\_\_\_  
PASSWORD \_\_\_\_\_

**Big Horn Rural Electric Company -- P. O. Box 270, Basin, WY 82410**  
**APPLICATION**  
**FOR**  
**MEMBERSHIP AND ELECTRIC SERVICE**

The undersigned (hereinafter called Applicant) applies for membership and agrees to purchase electric energy from Big Horn Electric Company (hereinafter called "Big Horn") upon the following terms and conditions.

1. As soon as electric energy shall be available, the applicant will purchase from Big Horn all electric energy used on the premises and will pay Big Horn's rates in effect at such time as electric energy is used.
2. The spouse of the applicant shall be considered the same as the applicant under all rules and regulations of this application.
3. The applicant will be responsible for all bills from the time of connect until such time as the applicant notifies Big Horn, in **writing**, that service is no longer needed.
4. The applicant understands that payment is due upon receipt of the bill and is delinquent if not paid by the 25<sup>th</sup> of each month.
5. The applicant agrees to pay all the costs of collection, including court costs, mileage and attorney fees should action be taken to collect unpaid bills.
6. Applicant understands that a subscription to WREN (Wyoming Rural Electric News) in their name will be paid for from electric revenues.
7. Upon leaving Big Horn's service the applicant will keep Big Horn updated as to their current address until such time as Capital Credit allocations assigned to them have been returned. If applicant fails to do so and cannot be located with reasonable effort following retirement of Capital Credits, the applicant agrees that the retired Credit shall be considered as Unclaimed Capital Credits and will revert to Big Horn to be used for the benefit of remaining members.
8. The applicant and/or landowner will grant to Big Horn the necessary right, privileges and easements to construct, operate, maintain, repair, service, relocate and reconstruct its line or lines for the transmission or distribution of electric energy and/or all the equipment connected therewith upon, across over and under the property owned or occupied by the applicant and upon, along, across, over and under the roads and streets adjoining said property and will execute and deliver to Big Horn any conveyance, grant of instrument which Big Horn shall deem necessary or convenient for said purposes, or any of them. The applicant and/or landowner will grant to Big Horn the right to cut, trim, remove and control by chemical means, machinery or otherwise, trees and/or shrubbery that may interfere with, create an unsafe condition, or threaten to endanger the operation and maintenance of said line or system (including any control of the growth of other vegetation in the right of way which may incidentally and necessarily result from means of control employed). All service lines, meters, switches and other appliances and equipment constructed or installed by Big Horn on, over, under and across said property to the point of metering, shall at all times be the sole property of Big Horn and Big Horn shall have the right of access to said property to repair or service the same and upon the discontinuance of service for any reason to remove the same.
9. The applicant and/or landowner agrees that any costs to secure the necessary easements, permits, certificates, and/or rights-of-ways, whether performed by Big Horn or a contracted party, shall be paid by the applicant.
10. The applicant will comply with and be bound by the provisions of the Articles of Incorporation and Bylaws of Big Horn and by such policies, rules and regulations as may from time to time be adopted by Big Horn from the date service is made available by Big Horn to the applicant.
11. The applicant has received a copy of Big Horn's rate schedule and the annual horsepower charge on the irrigation rate (if applicable) has been explained to the applicant.
12. The applicant hereby certifies that they \_\_\_ are or \_\_\_ are not the landowner of the stated property.

Membership _____
Equity _____
Account # _____

\_\_\_\_\_  
Applicant(s)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Signature(s)

CONTINUATION OF MEMBERSHIP APPLICATION FOR \_\_\_\_\_  
(MEMBER'S NAME)

STATE OF WYOMING )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared

\_\_\_\_\_  
To me known to be the person(s) described in and who executed the foregoing instrument and acknowledged that

\_\_\_\_\_  
executed the same as her(his, their) free act and deed, including the release and waiver of the right of homestead, the said spouse having been by me fully apprised of spousal right and the effect of signing and acknowledging the said instrument.

Given under my hand and notarial seal the day and year last above written.

\_\_\_\_\_  
Notary Public  
My Commission expires:

STATE OF WYOMING )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared

\_\_\_\_\_  
To me known to be the person(s) described in and who executed the foregoing instrument and acknowledged that

\_\_\_\_\_  
executed the same as her(his, their) free act and deed, including the release and waiver of the right of homestead, the said spouse having been by me fully apprised of spousal right and the effect of signing and acknowledging the said instrument.

Given under my hand and notarial seal the day and year last above written.

\_\_\_\_\_  
Notary Public  
My Commission expires:

The above application for membership and electric service accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Big Horn Rural Electric Company

Secretary \_\_\_\_\_

INFORMATION FOR THE RECORD

Full Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Ethnic Group – This information will be used only for Federal Civil Rights reporting purposes.

White ( ) Black ( ) Hispanic ( ) American Indian/Alaskan Native ( ) Asian/Pacific Islander ( )

Occupation or type of work \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone # \_\_\_\_\_  
(If self employed, name of business)

Employer address \_\_\_\_\_

Single ( ) Married ( ) Spouse's name \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Name of nearest relative not living with you \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Names of all people living at residence where service is connected \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you rent, name and address of the property owner \_\_\_\_\_

\_\_\_\_\_

Is there anyone living at this residence who is on a life support system that requires electricity to function? No ( ) Yes ( )

If yes, please state the type of system \_\_\_\_\_

\_\_\_\_\_