

Steuben Rural Electric Cooperative, Inc.

9 Wilson Avenue ▪ Bath, NY 14810 ▪ 607-776-4161 ▪ 800-843-3414
5966 South Road ▪ Cherry Creek, NY 14723 ▪ 716-296-5651 ▪ 800-883-8236
Bath Fax Number ▪ 607-776-2293 ▪ Cherry Creek Fax Number ▪ 716-296-5750

MEMBER INFORMATION UPDATE - RESIDENTIAL

The undersigned (hereinafter called the “Member”) hereby has already applied for membership in and agrees to purchase electric service from the Steuben Rural Electric Cooperative, Inc., (hereinafter called the “Cooperative”), upon the following terms and conditions:

1. The Member will, when electric service becomes available, purchase from the Cooperative all electric energy used on the premises and will pay therefore monthly at rates to be determined from time to time in accordance with the Bylaws of the Cooperative provided, however, that the Cooperative may limit the amount of electric energy which it shall be required to furnish to the Member. The Member will pay a minimum bill per month, regardless of the number of kilowatt hours consumed, in accordance with the Rules and Regulations. This minimum bill may include a special charge as a result of a line extension from a previous member. The Member also agrees to pay for any security lights located on the served premises until the Member requests their removal.
2. The Member will comply with and be bound by the provisions of the Articles of Incorporation, the Articles of Conversion, Bylaws of the Cooperative and such Rules and Regulations as may from time to time be adopted by the Cooperative.
3. The Member, assumes no liability or responsibility for any debts or liabilities of the Cooperative. Under the law, a member’s private property is exempt from execution for any such debts or liabilities.

New York State Sales Tax Declaration: The NYS Tax Law provides that residential energy sources and services are not subject to the 4% New York State sales and use tax. Counties, cities and certain school districts that impose local sales and use tax may choose to either tax or exempt the residential energy sources and services. Please indicate below if any of the following apply:

- Property is located within the Hornell City School District jurisdiction (2.5%)
- Property is located within the Cattaraugus County taxing jurisdiction (3%)
- Energy is intended to be used for nonresidential purposes

Farming activity may qualify for a tax exemption if a member provides an ST-125. Other commercial businesses may qualify for an exemption if the member provides a ST-121, ST-119.1 or other valid proof of tax exemption.

Racial Ethnic Group **voluntary information** requested by the Rural Utilities Service for review of Cooperative activities regarding Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.

- White
- Black or African American
- Hispanic or Latino
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other _____

MEMBER INFORMATION UPDATE - RESIDENTIAL

Member (1)	Member (2)
Member (First, Middle Initial, Last)	Member Name (First, Middle Initial, Last)
Member Signature Date	Member Signature Date
Member Social Security Number	Member Social Security Number
Member Driver ID Number/Date of Birth	Member Driver ID Number/Date of Birth
Home Phone Number and/or Cell Phone Number	Home Phone Number and/or Cell Phone Number
Member Employer	Member Employer
Member Email Address	Member Email Address
Mailing/Billing Address (Street or PO Box)	City State Zip Code
Service/Physical Address (if different from mailing address)	City State Zip Code
Type of Facility/Service (Permanent Home, Seasonal Residence, Cabin, Barn, Type of Business)	

Certification of Medical Emergency or Life Support System Requiring Electricity:

Does anyone in the household have a medical condition which requires a medical certification? Yes No

If Yes, a Medical Necessity form must be completed and signed by the member and the certifying physician.

Name of Individual _____

Electrical Equipment Required _____

FOR OFFICE USE ONLY

Account No. _____ Capital Credit No. _____

Membership Date _____ Town _____

Residential Small Commercial Large Commercial