



# Residential Application for Service Form

All required fields (\*) must be completed and printed legibly for your service to be started.

Please return this application to Avista Utilities within 5 days from the date of service.

Fax completed form to 509-777-9506.

Apply Online for service at [myavista.com](http://myavista.com) or call us at 1-800-227-9187.

## Applicant #1 Main account holder financially responsible\*

First Name*	Last Name*	M.I.
Acceptable Forms of Personal Identification: Date of Birth, Last 4 of SSN, State Issued ID#, Government Issued ID#, Passport ID#		
Date of birth	Last 4 of SSN or alternate personal ID*	
Telephone*		
Email		

Previous Avista service?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous address	
City	
State	Zip
Stop previous Avista service?*	
<input type="checkbox"/> Yes <input type="checkbox"/> No Stop date _____	

## Applicant #2 Financially responsible Yes No

(If No, Applicant #2 will be added as Authorized Party only)

First Name*	Last Name*	M.I.
Acceptable Forms of Personal Identification: Date of Birth, Last 4 of SSN, State Issued ID#, Government Issued ID#, Passport ID#		
Date of birth	Last 4 of SSN or alternate personal ID*	
Telephone*		
Email		

Previous Avista service?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous address	
City	
State	Zip
Stop previous Avista service?*	
<input type="checkbox"/> Yes <input type="checkbox"/> No Stop date _____	

## New service start date\* \_\_\_\_\_ (mm/dd/yyyy)

Service address*	Unit/Apt#	
City*	State*	Zip*
Mailing address if different		
City	State	Zip

<input type="checkbox"/> Paperless billing (email required*)
<input type="checkbox"/> Continue existing auto-pay
<input type="checkbox"/> Buying? <input type="checkbox"/> Renting?
Landlord/property management co (if renting)
Telephone

I understand that any misrepresentation of information on this application will result in the termination and/or denial of service. I will be held responsible for usage until the date Avista Utilities is notified of closing.

Applicant #1 signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

Applicant #2 signature\* \_\_\_\_\_ Date\* \_\_\_\_\_