



Start Service Authorization Form

Service Location for Move In:

Applicant Name: _____

Co-Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Responsibility: _____ Email: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Mobile Phone: _____

Home Phone: _____

Business Phone: _____

I confirm by signing this authorization form, I agree and acknowledge that I am applying for utility service with Puget Sound Energy and am responsible for any charges incurred at the location listed above.

Applicant Authorization Signature: _____

Co- Applicant Authorization Signature: _____

Applicant Authorization Name: _____

Co-Applicant Authorization Name: _____

Signature Date: _____

Complex/Management/Owner

Name: _____

Email: _____

Mobile Phone: _____

Home Phone: _____

Business Phone: _____