NORRIS PUBLIC POWER DISTRICT
CO-SIGNER AGREEMENT

www.norrisppd.com

Office Hours
8:00 AM to 4:30 PM
Drop boxes are available at each location

Office Locations:

Area 1 - 225 Lincoln Ave / PO Box 127
Hebron, NE 68370
402-768-6515 / 800-827-8099
Fax 402-768-7169

Area 2 - 15801 SW 14th St
Roca, NE 68430
402-794-9900 / 800-743-3899
Fax 402-794-9905

Area 3 - 606 Irving St / PO Box 399
Beatrice, NE 68310
402-223-4038 / 800-858-4707
Fax 402-228-2814

Area 4 - 3111 Progressive Rd
Seward, NE 68434
402-643-2951
Fax 402-646-4695

Date:_____

Whenever a new customer requests that an electrical service connection be made, a deposit shall be collected according to the following schedule:

Residential Rates $300.00

General Service Rates - Estimated Highest Monthly Bill of $300 or Less:
General Service Rates 6, L27, L28, S50 & S53 Estimated Highest Monthly Bill ($200 Minimum)
General Service Rates - All-Electric Rates 07 & L29 Estimated Highest Monthly Bill ($300 Minimum)

This deposit may be waived if a customer can obtain a co-signature on this form by a current District customer who has retained good/excellent credit history for the past twelve (12) consecutive months.

Co-Signer Information:

Co-Signer Account Number_____

Co-Signer Name _____
Last First MI

Mailing Address _____
Street Address City State Zip

Phone Numbers: Home_____ Work _____ Cell _____
(Applicant Home # is primary number for contact)

Social Security # _____ Birth Date _____
(Must provide at least the last 4 digits of SS#)

Email Address_____ Driver's License _____
State Number

Applicant Information:

Applicant Account Number _____

Applicant Name _____
Last First MI

Physical Address_____
Street Address City State Zip

Map Location _____

The Co-Signer and the Applicant agree to the following terms of the Co-Signer Agreement:

1. The co-signer guarantees payment of the entire balance on the applicant's account listed at the service location above should the applicant fail to keep the account balance current. Should the co-signer request to be relieved of the Co-Signer Agreement, he/she will be obligated to guarantee all electric charges to that date and a deposit shall be required of the applicant within 10 days or service will be disconnected.
2. If the above applicant is disconnected for non-payment or meter tampering, the co-signer agrees to pay the account balance in full within 10 days of notice.
3. The co-signer may request the applicant's account balance information at any time.
4. Disconnection of service or requests for service will only be accepted from the applicant.
5. The Co-Signer Agreement shall become null and void when the applicant has retained a perfect credit history for a period of twelve (12) consecutive months.

Co-Signature	Applicant Signature	District Representative
Date	Date	Date