



NORRIS PUBLIC POWER DISTRICT APPLICATION FOR ELECTRIC SERVICE

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 / PO Box 69
Seward, NE 68434
402-643-2951
Fax 402-646-4695

An application for electric service is required for every service. Both the applicant/organization name and the co-applicant/business owner names will appear on the bill statement. **The following information MUST be provided. Failure to do so may result in refusal to provide service or termination of present service.**

Have you ever received electrical service from Norris Public Power District? YES NO
(Service will not be furnished to former customers until all indebtedness which the customer owes Norris Public Power District has been paid in full.)

Date Service Required: _____ New House Existing House Other
Check One:
Owner: If you are the owner, is this a rental property? YES NO
Renter: If you are a renter, include the landlord's name, address & phone number _____

Primary Contact:
 Applicant/Organization Name _____
Last First MI
 Mailing Address _____
Street Address City State Zip
 Physical Address _____
(If different than mailing address) Street Address City State Zip
 New Construction _____
Subdivision Block Lot City State Zip
 Phone Numbers: Home _____ Work _____ Cell _____
(Applicant Home # is primary number for contact)
 Applicant Social Security # or Federal ID# _____ Birth Date _____
(Must provide at least the last 4 digits of SS#)
 Employer Name & Phone Number _____
 Email Address _____ Driver's License _____
State Number
 Interactive Voice Response (IVR) PIN # _____
(See #6 on page 2 for more information) (Choose 4 numbers)

Secondary Contact:
 Co-Applicant Name/Business Owner _____
Last First MI
 Phone Numbers: Home _____ Work _____ Cell _____
 Co-Applicant Social Security # _____ Birth Date _____
(Must provide at least the last 4 digits of SS#)
 Employer Name & Phone Number _____
 Email Address _____ Driver's License _____
State Number

This completed application and a deposit (if required) must be returned to Norris Public Power District prior to service connection.

I/We certify that the above information is correct:

Applicant Signature Co-Applicant/Business Owner Signature Date District Representative

