



9549 Hwy 5  
P.O. Box 6  
Columbus, ND 58727  
(701) 939-6671  
[www.bdec.coop](http://www.bdec.coop)

## SERVICE TRANSFER REQUEST

*(current Members only)*

The Undersigned applicant hereby applies for electric service and agrees to purchase electric energy from Burke Divide Electric Cooperative, Inc. upon the following terms and conditions:

1. The applicant will purchase from the Cooperative all electric energy used on the premises described below and will pay therefore monthly in accordance with the Bylaws of the Cooperative.
2. The applicant will comply with the provisions of the Articles of Incorporation and Bylaws of the Cooperative and all rules, regulations and rate schedules established, pursuant thereto, as all the same now exist and hereafter are adopted or amended.

### Member Information

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security/Tax ID Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security/Tax ID Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

### Service Information

Land Description: Twp \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Quarter \_\_\_\_\_

Service Description: \_\_\_\_\_

County: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Co-Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

The above application for membership accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Account #: \_\_\_\_\_ Approved by: \_\_\_\_\_