

REQUEST FOR DMEA SYSTEM DESIGN SERVICES

PLEASE CONTACT CUSTOMER SERVICE @ 1-877-687-3632 TO SIGN UP FOR NEW CONSTRUCTION. YOU WILL NEED TO SIGN AN APPLICATION FOR SERVICE, COMPLETE AND RETURN THIS FORM AND PAY THE UP-FRONT FEE IN ORDER TO SCHEDULE A SITE VISIT WITH A SYSTEM DESIGNER.

Project Name:			Date:		
Contact Name:					
Service Address:		City	<mark>:</mark>)		
Mailing Address:		City		Zip:	
Email Address:					
	Cell Phone:		Phone:		
Are you presently a member	r of Delta-Montrose Electric	: Association? NO	YES A	Account#	
YOU WILL NEED TO PAY A MINIMUM UP-FRONT FEE OF \$350.00 BEFORE WE SCHEDULE A SITE VISIT. IF A RE-DESIGN IS REQUESTED, OR IF THE JOB IS LARGE, WE CAN REQUIRE AN ADDITIONAL AMOUNT. PLEASE VISIT: www.dmea.com TO PRINT A COPY OF OUR NEW CONSTRUCTION HANDBOOK.					
Recorded Property Owner:					
Please provide the closest neig	hbor or crossroads and driving	directions:		-	
Project Description:	☐ HOUSE ☐ SHO	P ☐ GARAGE ☐BARN	☐ PUMP		
Subdivision:	Lot #:Town:_	Cou	nty:	<u></u>	
Is your temporary meter set a	nd inspected?	YES Perm	nit #		
Do you plan to put your servic	e overhead or underground?	Overhead U	nderground 🔲	-	
Contact Information: (Contact	to meet in the field):	Phone#:			
Contractor:	Phone#:				
Electrician:	Phone#:				
Would you be considered: Would you like: SINGLE F	☐RESIDENTIAL ☐COMMER	CIAL MUNICIPAL	OTHER		
Approximate size (SQUARE FO	OTAGE). Annrov	imate distance to run ser	vice (IN FFFT)·		
What kind of heat do you plan	to install?	AS ☐ PROPANE ☐ GEO	-THERMAL SC	DLAR	
CSR Initals:					
	ing, so keep in mind you v Construction cost must be				

Work is scheduled on a first come, first served basis. A System Designer will call to arrange a site visit.

Revised 3/2022 1 of 3



TO KEEP YOUR PROJECT COST DOWN, PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU MAY HAVE, INCLUDING PROJECTED ELECTRIC LOAD DATA (AVAILABLE FROM YOUR ELECTRICIAN), WARRANTY DEED, MAPS, LEASE INFORMATION, ETC. TO FACILITATE DESIGN, RIGHT-OF-WAY APPLICATIONS AND CONTRACTS.

Revised 3/2022 2 of 3





PLEASE FILL OUT & RETURN WITH A COPY OF YOUR DRIVERS LICENSE TO CSRS@DMEA.COM

Name(s)'Organization:					
Service Location:					
Home Phone: Cell Phone:	Email:				
Billing Address:					
Do you wish to participate in the Operation Round-up Program? Yes No					
I/We hereby apply for electric service from and for membership in DELTA-MONTROSE ELECTRIC ASSOCIATION and agree to purchase all power used on the premise at the above address. I/We agree to be bound by the ARTICLES OF INCORPORATION, Bylaws and Amendments thereto and such Rules and Regulations as may be adopted by the Association from time to time. This agreement is effective on the date of receipt of electric service and thereafter until terminated by either party with notice in writing. Customers wishing to discontinue service should give at least three (3) days written notice to the Association. Customer will be liable for service until final reading of the meter.					
In addition, if I am not the property owner, I hereby authorize Delta-Montrose Electric Association to notify my Landlord, in the event my account status is delinquent/subject to disconnection of service, or upon my request for termination of service.					
Signature:	Date:				
Signature:	Date:				
Delta-Montrose Electric Association – STATEMENT OF NONDISCRIMINATION DELTA-MONTROSE ELCECTRIC ASSOCIATION is the recipient of Federal financial assistance from the U.S Department of Agriculture (USDA). The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applications for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, martial status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complain.filing_cust.html , or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the					
Federal Relay Service at (800)877-8339 or (800)845-6136 (in Spanish). Persons with disabilities who wish to file a program complaint, please see inforr alternative means of communication for program information (e.g., Braille, large 2600 (voice and TDD). If you wish to file a Civil Rights program complaint of dis found online at https://www.ascr.usda.gove/complaint_filing_cust.html , or at any letter containing all of the information requested in the form. Send your comple Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington program.intake@usda.gov. (2/18/14)	mation above on how to contact us by mail directly or by email. If you require print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-crimination, complete the USDA Program Discrimination Complaint Form, USDA office, or call (866) 632-9992 to request the form. You may also write a ted complaint form or letter to us by mail at U.S. Department of Agriculture,				

DMEA is an equal opportunity provider and employer.

Revised 3/2022 3 of 3

11925 6300 Rd., Montrose, CO | PO Box 910 | 877.687.3632 | www.dmea.com