



Community Electric Cooperative

A Touchstone Energy® Cooperative 

****Please Complete and/or Update:**

Complete Business Name: _____

Type of Business Entity (*i.e. Corporation, Sole Proprietorship, etc.*): _____

Mailing Address: _____

Service Address: _____

Federal ID#: _____ **Date Issued:** _____

Contact Person(s): _____

Telephone #(s): _____

I request and authorize CEC to connect electric service at the following service address:

_____, without a representative present, after
__:__ a.m. / p.m., on ____/____/____, and release CEC of any responsibility should damage result. I
certify that I am authorized to have the electric service in my name at this address.

BY: _____

PO BOX 267 • WINDSOR • VA 23487 • 757-242-6181

www.comelec.coop