



PO Box 319
807 Douglas St.
Stanton, NE 68779

Welcome to Stanton County Public Power District. In accordance with the Red Flag rules amendment to the Fair and Accurate Credit Transaction Act (FACTA) provisions of the federal Fair Credit Reporting Act (FCRA), we are collecting personal information to begin or change your electric service with Stanton County Public Power District. In our continuing efforts to provide the most efficient and accurate service we are utilizing a program called *ONLINE Utility Exchange* to determine security deposits. The program uses your information to determine your credit risk and therefore provides a rating of "RED", "YELLOW", or "GREEN". A green light rating indicates no credit risk and will require no deposit. A yellow light rating indicates low credit risk and will require a deposit equal to 1.5 times the average monthly bill for the service address. A red-light rating indicates high credit risk and will require a deposit equal to 3 times the average monthly bill for the service address.

Please fill in the name of the responsible party, address, social security number and other pertinent information in the form below. The information provided below is strictly for our office records only and will be kept confidential.

Date: _____ Service Address: _____

Business name: _____ Tax ID number: _____

Authorized representative name: _____

Billing Contact Name: _____

Mailing Address: _____ City, State, Zip: _____

Business Phone number: _____ Cell Phone number: _____

Do you own or rent service property? OWN RENT

Please list name of landlord/owner: _____

Your signature indicates that you have read this form and are indemnifying Stanton County Public Power District of any liability; and give authorization to use your name and social security number for the purpose of the ONLINE Utility Exchange program.

Signature: _____ Signature: _____

An authorized representative will be required to present a photo ID at the time of application – or have this form notarized

SEND COMPLETED FORM TO SPCPD OFFICE VIA U.S. POSTAL SERVICE, OR FAX TO 402-439-7000 TO PROTECT YOUR PERSONAL INFORMATION PLEASE DO NOT RETURN THIS FORM BY E-MAIL

Notary Signature: _____ Notary Signature: _____

FOR OFFICE USE ONLY:

ID Verified: _____ Credit Risk %: _____ Rating: _____ Deposit _____