



# Residential Application for Service

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All required fields (\*) must be completed and printed legibly for your service to be activated.  
Please return this application to Avista Utilities within 5 days from the date of service.

## Applicant #1 \* Main Account Holder – Financially Responsible

|   |                                 |    |                                   |                             |
|---|---------------------------------|----|-----------------------------------|-----------------------------|
| First Name *  | Last Name *                     | MI | <b>Previous Avista Service? *</b> |                             |
| Acceptable Forms Of Personal Identification:<br>Date of Birth, Last 4 of SSN, State Issued ID#, Government Issued ID#, Passport ID# |                                 |    | <input type="checkbox"/> YES      | <input type="checkbox"/> NO |
| Date Of Birth   | Last 4 Of SSN OR Alternate ID * |    | Previous Address:                 |                             |
| Phone Number *  |                                 |    | City:                             | State:                      |
| Email Address   |                                 |    | <b>Stop Previous Service?*</b>    |                             |
|   |                                 |    | YES                               | NO                          |
|   |                                 |    | Stop Date: _____ / _____ / _____  |                             |
|   |                                 |    | M                                 | M / D / Y                   |

## Applicant #2 Financially Responsible ? YES NO

Call to add 3+ Applicants

|   |                                 |    |                                   |                             |
|---|---------------------------------|----|-----------------------------------|-----------------------------|
| First Name *  | Last Name *                     | MI | <b>Previous Avista Service? *</b> |                             |
| Acceptable Forms Of Personal Identification:<br>Date of Birth, Last 4 of SSN, State Issued ID#, Government Issued ID#, Passport ID# |                                 |    | <input type="checkbox"/> YES      | <input type="checkbox"/> NO |
| Date Of Birth   | Last 4 Of SSN OR Alternate ID * |    | Previous Address:                 |                             |
| Phone Number *  |                                 |    | City:                             | State:                      |
| Email Address   |                                 |    | <b>Stop Previous Service?*</b>    |                             |
|   |                                 |    | YES                               | NO <input type="checkbox"/> |
|   |                                 |    | Stop Date: _____ / _____ / _____  |                             |
|   |                                 |    | M                                 | M / D / Y                   |

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>New Service Start Date *</b> | _____ / _____ / <b>20</b> _____ |
| Service Address *               | Unit/Apt#                       |
| City *                          | State * Zip *                   |
| Mailing Address (if Different)  | City State Zip                  |

Paperless Billing (email required \*) Continue Existing Auto-Pay Buying? Renting?

|   |          |
|---|----------|
| (If Renting) Landlord/Property Management Co: | Phone #: |
|---|----------|

I understand that any misrepresentation of information on this application will result in the termination and/or denial of service.  
I will be held responsible for usage until the date Avista Utilities is notified of closing.

Applicant #1 Signature \* Date \*

Applicant #2 Signature \* Date \*

Fax completed form to 509-777-9506, Apply Online for service at [www.myavista.com](http://www.myavista.com) or call us at 1-800-227-9187