



# Member Information

**Operation RoundUp**

One account  Round up to the next dollar and give to charities in our service territory.

All accounts

Applicant's Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Outage Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

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

Applicant's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse/Roommate's Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse/Roommate's Phone Number: \_\_\_\_\_ Employer: \_\_\_\_\_

Is spouse/roommate authorized to receive account information? NO  YES

List TWO relatives or friends who do not live with you:

1. \_\_\_\_\_

NAME	RELATIONSHIP	ADDRESS	PHONE
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2. \_\_\_\_\_

NAME	RELATIONSHIP	ADDRESS	PHONE
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Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Account information will not be provided to anyone other than the account holder(s) without written authorization from account holder(s). If applicable, please list others you authorize PRECorp to release your account information:

\_\_\_\_\_

**Is there a DISABILITY or LIFE THREATENING CONDITION that requires electricity? NO  YES**

**If yes, you will need to provide Powder River Energy Corp with a written statement from your physician before the MEDICAL NECESSITY ALERT is entered on your account.**

**I understand Powder River Energy Corporation will make every effort to restore electrical service as soon as possible during an outage. There is no guarantee the power will be restored within a given time frame. Individuals are responsible to have an alternative if power cannot be restored before any condition becomes critical.**

**Initial: \_\_\_\_\_**

I authorize any holder of information regarding the financial status or collection of my account, including employment verification, to release said information to Powder River Energy Corporation.

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

**SUNDANCE - CORPORATE HEADQUARTERS**  
221 Main Street • P.O. Box 930 • Sundance, WY 82729  
(800) 442-3630 Phone • (307) 283-3527 Fax

**GILLETTE**  
200 S. Garner Lake Road • Gillette, WY 82718  
(800) 442-3630 Phone • (307) 682-0733 Fax

**SHERIDAN**  
1095 E. Brundage Lane • Sheridan, WY 82801  
(800) 442-3630 Phone • (307) 674-9018 Fax

[www.precorp.coop](http://www.precorp.coop)

Powder River Energy Corporation is an equal opportunity provider and employer.