



**SAC OSAGE ELECTRIC COOPERATIVE, INC.**  
**P. O. BOX 111, 4815 E HWY 54**  
**EL DORADO SPRINGS, MISSOURI 64744**  
 800-876-2701  
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 www.sacosage.com

FAILURE TO SIGN AND RETURN THIS MEMBERSHIP APPLICATION CAN RESULT IN TERMINATION OF ELECTRIC SERVICE

## APPLICATION FOR MEMBERSHIP AND FOR ELECTRIC SERVICE

The undersigned (hereinafter called the "Applicant") hereby applies for membership in and agrees to purchase electric energy from the Sac Osage Electric Cooperative, Inc. (hereinafter called the "Cooperative"), upon the following terms and conditions.

1. The Applicant will pay to the Cooperative the sum of \$5.00 which will constitute the Applicant's membership fee. (If a deposit has already been paid on the account, the \$5.00 membership fee was included.)
2. The Applicant will, when electric energy becomes available, purchase from the Cooperative all electric energy used at the location shown below and will pay therefore monthly at rates to be determined from time to time in accordance with the bylaws of the Cooperative; provided, however, that the Cooperative may limit the electric energy to be furnished for industrial uses.
3. The Applicant will pay each month for the kilowatt hours consumed or a minimum bill, based upon transformer size, whichever is greater. The minimum charge shall initially be that rate in effect at the time this application is accepted and thereafter shall be at the rate determined by the Board of Directors in accordance with the bylaws of the Cooperative.
4. The building that the Applicant is requesting electric service for has never been served by any other power supplier.
5. Service extensions for new services shall be provided under the following policies. Payment must be made to the Cooperative before the electric line is extended.

### Permanent Extension: Single-Phase Service for Dwellings and Small Commercial Accounts

The charge to extend service to a new house, permanent dwelling, or small commercial account will be as follows. To qualify as a permanent dwelling (less than four rooms is considered a cabin) the foundation of the dwelling must be complete before construction of line extension is started by Cooperative. The determination of permanent or temporary will be made by the Survey/Staking Technician, who after a visual check of the site and verbal communication with the applicant, is most qualified to determine if the installation is permanent or temporary.

|              |                 |
|--------------|-----------------|
| Overhead:    | \$4.00 per foot |
| Underground: | \$7.75 per foot |

There is not a charge for a service extension requiring a meter loop only or for a service extension that requires only a pole added in line.

### Non-Permanent Extensions: Single-Phase Service for Outlet Boxes, Cabinets, Pumps, Recreational Accounts and/or Other Classes of Consumers not Considered Permanent.

For service extensions to any of the above, the following charges shall apply:

|              |                 |
|--------------|-----------------|
| Overhead:    | \$5.00 per foot |
| Underground: | \$9.75 per foot |

The minimum charge for an overhead non-permanent extension is \$500.00. The minimum charge also applies to temporary service extensions requiring only a new pole in line and to a service extension requiring only the addition of a meter loop or other equipment to an existing pole.

The minimum charge for a non-permanent underground extension is \$1,000.00.

### 12-Month Minimum Policy

For all line extensions, applicant for service is responsible for at least a minimum bill for 12 months. Should service be disconnected in less than 12 months, applicant will be responsible for balance of 12 minimum bills.

### Requirements for Primary Underground Extensions

Member to provide 10' trench, 48" deep at the takeoff and a 10' trench, 48" deep at the deadend. All other trenching must be a minimum of 42" deep. It is the member's responsibility to contact the backhoe operator. Member is to advise backhoe operator that

solid rock is to be removed to a depth of 30" before underground wire is installed. Before backfill is completed, 18" of fill and ribbon must be placed on top of the conduit.

### New Three-Phase Service or Three-Phase Conversions

|              |                   |
|--------------|-------------------|
| Overhead:    | \$ 15.00 per foot |
| Underground: | \$20.00 per foot  |

The Cooperative reserves the right to require a five-year contract on new three-phase line extensions or three-phase line conversions.

### Other Charges

In addition to the above charges for service extensions, the applicant for service will be required to pay a membership and/or deposit as applicable and service capacity charge. All charges must be paid in full before service is extended.

6. The Applicant will comply with and be bound by the provisions of the existing Articles of Incorporation, Bylaws and rules and regulations of the Cooperative, as well as any future rule or regulation that may be adopted as well as any future amendment to the Articles of Incorporation or Bylaws of the Cooperative, whether such adoption and/or amendment occurs during Applicant's membership with the Cooperative or subsequent to the termination of Applicant's membership with the Cooperative.
7. The Applicant, by paying a membership fee and becoming a member assumes no personal liability or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under the law his or her private property is exempt from execution for any such debts or liabilities.
8. Applicant agrees: (A) to permit the Cooperative through its agents, employees and contractors to set and install poles, guy wires, anchors, and wires, and to attach and maintain fiber optic lines and equipment for both internal and commercial communication use, and to trim and cut trees, check and treat poles, maintain such structures and equipment and spray right-of-way on and over Applicant's lands; (B) to permit the Cooperative to allow it, its subsidiaries and other third parties the joint use and occupancy of such poles, electric lines and fiber optic equipment for electrification and internal and commercial communication purposes; and (C) to execute such written easements as Cooperative may request granting to Cooperative, its subsidiaries and its successors and assigns, the right-of-way to string wires, set poles, guy wires and anchors, attach fiber optic lines and equipment for both internal and commercial use, trim or cut trees, test and treat poles, to maintain such structures and equipment and spray right of way, as may be necessary in the opinion of the Cooperative.
9. The Applicant agrees that if the supply of electric power and energy provided by the Cooperative shall fail or be interrupted, or become defective through act of God, governmental authority, action of the elements, public enemy, accident, strikes, labor trouble, or any other cause beyond the reasonable control of the Cooperative, the Cooperative shall not be liable therefor or for damages caused thereby.
10. The acceptance of this membership application by the Cooperative shall constitute an agreement between the Applicant and the Cooperative, and the contract for electric service shall continue in force for one year from the date service is made available by the Cooperative to the Applicant, and thereafter until canceled by at least thirty days written notice given by either party to the other.
11. A deduction of not less than \$4.00 or more than \$6.00 annual subscription price for the *Rural Missouri*, shall be made annually from the amount accruing to the applicant from the operation of the Cooperative for such time as he/she is a member of said Cooperative.
12. This contract, less exempt under the rules, regulations and relevant orders of the Secretary of Labor (41CFR, Ch. 60) is subject to the Equal Opportunity Clause prescribed in Section 202 of Executive Order 11246.
13. Should applicant fail to adhere to the terms of applicant's agreement with the Cooperative including, but not limited to, prompt payment for energy or services and, as a result thereof, the Cooperative elects to retain the services of an attorney in order to enforce this agreement, then applicant shall pay any attorney's fee and legal expenses or costs incurred by the Cooperative in connection with the enforcement proceedings.

**This membership application is to be completed, signed by applicant(s), and returned to the office of the Cooperative.**

|                                      |                   |                          |
|--------------------------------------|-------------------|--------------------------|
| <b>This box for office use only:</b> | Map Number: _____ | Membership Number: _____ |
|--------------------------------------|-------------------|--------------------------|

|  |  |
|--|--|
| APPLICANT: _____<br>(PLEASE PRINT)<br>MAILING ADDRESS: _____<br>SERVICE ADDRESS: _____<br>APPLICANT'S SOCIAL SECURITY NO: _____<br>DATE OF BIRTH: _____<br>PRIMARY PHONE NUMBER: _____<br>SECONDARY NUMBER: _____<br>E-MAIL: _____<br>PLACE OF EMPLOYMENT: _____<br>BUSINESS TELEPHONE NUMBER: _____ | CO-APPLICANT: _____<br>(Optional <i>MUST BE SPOUSE</i> ) (PLEASE PRINT)<br>CO-APPLICANT'S SOCIAL SECURITYNO: _____<br>DATE OF BIRTH: _____<br>TELEPHONE NUMBER: _____<br>E-MAIL: _____<br>PLACE OF EMPLOYMENT: _____<br>ADDRESS PRIOR TO PREVIOUS: _____ |
|--|--|

List all adults who will reside with Applicant(s): \_\_\_\_\_

Nearest friend or relative not residing at this residence: \_\_\_\_\_ Relationship : \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

The Applicant certifies that the one box marked is the predominant use of electricity. If energy purchased results in a sales tax liability due to use other than stated, the Applicant assumes responsibility for remitting such tax due directly to the Director, Missouri Department of Revenue.

|  |                                      |  |   |   |
|--|--------------------------------------|--|---|---|
| <input type="checkbox"/> Residential     | <input type="checkbox"/> Farm        | <input type="checkbox"/> Residential             | <input type="checkbox"/> Church/Club        | <input type="checkbox"/> Public Street        |
| <input type="checkbox"/> Household       | <input type="checkbox"/> Farm Well   | <input type="checkbox"/> Seasonal                | <input type="checkbox"/> or School          | <input type="checkbox"/> and Highway Lighting |
| <input type="checkbox"/> House Well      | <input type="checkbox"/> Farm Use    | <input type="checkbox"/> Cabin                   | <input type="checkbox"/> Irrigation         | <input type="checkbox"/> Public Authority     |
| <input type="checkbox"/> Rental Property | <input type="checkbox"/> Grain Dryer | <input type="checkbox"/> Home                    | <input type="checkbox"/> Commercial Account | <input type="checkbox"/> (city, state, local) |
| (Income Producing)                       | <input type="checkbox"/> Dairy Barn  | <input type="checkbox"/> RV Hookup/<br>Camp Site | <input type="checkbox"/> Sales for Resale   |   |

I (WE), THE APPLICANT(S) FOR SERVICE, RENT \_\_\_\_ OWN \_\_\_\_ THE PROPERTY WHERE METER IS LOCATED

If meter is located on rental property, please indicate name of property owner or manager: \_\_\_\_\_

Address of property owner or manager: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Sac Osage Electric Cooperative, Inc. is hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureau. The provisions of the Fair Credit Reporting Act will be applicable if a credit report on the applicant is obtained and considered.

The following question is optional. The information you provide will be used only for FEDERAL GOVERNMENT REPORTING PURPOSES.

American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander

White  Hispanic or Latino  Other

If the applicant for service has checked the box above indicating that said applicant is a renter and has further stated that he is a tenant upon property being serviced by the Cooperative, said applicant expressly authorizes the Cooperative to release and disclose information concerning the status of his membership account with the Cooperative to the property owner. The Cooperative represents that said information will not be disclosed to the property owner unless the member becomes delinquent in the payment of his account or otherwise fails to abide by the terms of the application, Articles of Incorporation, bylaws or policies of the Cooperative as established from time to time by the Board of Directors of the Cooperative. It is the intent of this authorization to permit the Cooperative to notify a property owner of a delinquency so as to give a property owner an opportunity to cure any defect or otherwise make arrangements to avoid a discontinuance of service, the result of which might be damage to property owned by the property owner. By signing this application, the member/applicant authorizes the release of this information with full knowledge and understanding that the confidentiality of this information might be protected by state law, federal law, or both.

Unless indicated otherwise above, I do hereby expressly give my consent for the Cooperative to send prerecorded automated notifications, including both voicemail and text, and other business related information to any landline or wireless number listed on this form, or to any other phone number(s) retained by the Cooperative's computer, whether a landline or wireless number. I further agree to notify the Cooperative immediately upon my discontinuance of the use of any of the contact numbers listed above, and to advise the Cooperative of any new contact number(s) that I have for the Cooperative's use.

**TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED HEREIN IS ACCURATE AND NO ATTEMPT HAS BEEN MADE TO MISREPRESENT THE FACTS**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CO-APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

|   |  |
|---|--|
| APPLICANT(S) IS<br><input type="checkbox"/> Individual(s)<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Other | IF NOT AN INDIVIDUAL, PLEASE GIVE BUSINESS NAME AND LIST OFFICERS<br>BUSINESS NAME _____<br>President _____<br>Vice President _____<br>Secretary/Treasurer _____ |
|---|--|