



RESIDENTIAL APPLICATION FOR ELECTRICAL SERVICE

Customer Care Applications Dept. 6-9
411 Seventh Avenue
Pittsburgh, PA 15219

For Office Use Only
Account Number _____

IMPORTANT

You must be 18 years or older to apply for service. Application must be returned. If this application is incomplete, incorrect or fraudulent, service will not be established. (*) indicates a required field.

*Applicant Name:		*Date of Birth: / /	Social Security Number:		
Joint Applicant Name:		Date of Birth: / /	Social Security Number:		
*Service Address			Primary Telephone Number:		
*City:	State:	Zip Code:	Secondary Telephone Number:		
Please list the date from which you are responsible for service:			Turn On Date:		
Mailing Address (if different from Service Address):					
List Previous Home Address and dates of occupancy. If you resided less than 4 years at this address, provide a second previous home address.					
*From: / /	To: / /	Address:	City:	State:	Zip Code:
From: / /	To: / /				
*Names of adult occupants at service address:				Social Security Numbers	
1.					
2.					
3.					
4.					
5.					
*If renting, provide name of Landlord:				Telephone Number:	
Address of Landlord:					

If you are a landlord and this electric service will be used by your tenant, please check this box:
Please fax or mail completed application and copies of your (1) valid picture ID, and (2) mortgage, deed or lease to:
FAX: (412) 393-5881 MAIL: Customer Care Applications Dept. 6-9

E-Mail: applicationsforservice@duqlight.com Duquesne Light Company
411 Seventh Avenue
Pittsburgh, PA 15219

By submitting this application, you are hereby authorizing Duquesne Light to check credit history.

***Signature** **Date** ***Signature Joint Applicant (if applicable)** **Date**
Call Duquesne Light at (412) 393-7100 to pay your deposit or outstanding balance in certified funds (no personal checks). If payment has been made, please complete the payment section below.

Deposit Amount:	Outstanding Balance:	Payment Reference Number:	Payment Method:
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