



# Connect Request

PUC CERTIFICATION NO. 10064

Please fill out and send to [contractadmin@trieagleenergy.com](mailto:contractadmin@trieagleenergy.com) or fax to 866-408-8370

Customer Name:	Account Number(s):
Phone Number:	Fax Number:
Email:	

Please **CONNECT** electric service to the following location(s):

Street Address:	Apt. No:	City:	State:	Zip:	Date*:
Street Address:	Apt. No:	City:	State:	Zip:	Date*:
Street Address:	Apt. No:	City:	State:	Zip:	Date*:
Street Address:	Apt. No:	City:	State:	Zip:	Date*:
Street Address:	Apt. No:	City:	State:	Zip:	Date*:

\* Meter connections and disconnections are performed by the Local Distribution Company (poles & wires company) at their sole discretion. Therefore, TriEagle cannot warrant or guarantee that the meter activity will be performed on the requested date(s).

Verify Billing Address for these locations:

Street:		
City:	State:	Zip:

I understand that I am authorizing TriEagle Energy, LP to become my new Retail Electric Provider (REP) in place of my current REP, if applicable, at the location(s) listed above. I am at least 18 years of age and legally authorized to change REPs for the addresses listed above. I agree to comply with all of the terms and conditions in my original TriEagle Energy Agreement

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date