Ralls County Electric Cooperative
P O Box 157
New London MO 63459

Second Meter Application

Account No. _____
Name _____
Address _____
_____
_____
Telephone No. _____

As of January 1, 1985, your cooperative is required to have the information below on file for every individual account on our lines. Please complete and return.

Please check the one (1) item that reflects the main 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.

- ☐ Household
- ☐ Farm Well
- ☐ House Well
- ☐ Cabin
- ☐ Grain Drying
- ☐ Dairy Barn
- ☐ Farming Barn
- ☐ Rental Property (Income Producing)
- ☐ Other, Specify _____

The above information is true and correct to the best of my knowledge.

Signature:_____

Social Security Number:_____

STATE OF MISSOURI)
) SS.
County of _____)

On this _____ day of _____, 20 ___.
before me personally appeared _____
_____
to me known to be the person _____described in and who executed the foregoing instrument, and acknowledged that _____ executed the same as _____ free act and deed
_____.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in _____ the day and year first above written.
My term expires _____, 20 ___.

_____
Notary Public