



**Internet Request to Change Responsibility for Payment of Electric Service
Into Name of New Owner or New Tenant
Fax to: (800) 351-3853**

① Permit # _____ ② Date Faxed _____

③ Date to Connect Service _____ (A two-working day notice may be needed to process this application).

④ Customer's Name: Last _____ First _____ MI _____
Jr./Sr./III

⑤ Social Security # _____ ⑥ Date of Birth _____ ⑦ Driver's License # _____ State _____

⑧ Is this a joint account? Yes No

⑨ If yes, spouse's Last Name _____ First _____ MI _____
Jr./Sr./III

⑩ Social Security # _____ ⑪ Date of Birth _____ ⑫ Driver's License # _____ State _____

⑬ Home Phone # (_____) ⑭ Best Phone Number to Contact You (_____)
(between 8 a.m. - 5 p.m., Monday through Friday)

⑮ Name of Your Nearest Relative _____ ⑯ Phone # (_____)
(not living at this address)

⑰ Employer _____ ⑱ Work Phone # (_____)

⑲ If Buying: Mortgage Holder _____ ⑳ Mortgage Holder's Phone # (_____)

㉑ If Renting: Landlord _____ ㉒ Landlord's Phone # (_____)

㉓ Street Address Moving To _____ Apt. # _____

㉔ County _____ City _____ (Inside City: Yes No) State _____ Zip _____

㉕ Mailing Address _____ City _____ State _____ Zip _____
(if different from Service Address)

㉖ Directions from a Main Road _____

㉗ Address Moving From _____ Apt. # _____ City _____ State _____ Zip _____

㉘ If address you are moving from is Duke Energy service, do you want that service disconnected? Yes No Not Duke Energy

If yes, date disconnect needed _____

㉙ Other Adults Living at the New Location:

Last Name _____ First _____ MI _____
Jr./Sr./III

㉚ Social Security # _____ ㉛ Date of Birth _____ ㉜ Driver's License # _____ State _____

㉝ Requested By _____ Company _____ ㉞ Phone # (_____)

A security deposit or other service charges may be required. Duke Energy will contact you if additional information is needed. For your convenience, Duke Energy is available to assist you 24 hours a day, 7 days a week by calling your local Duke Energy phone number listed in your phone directory.

For Office Use Only:

Connect Order: Order Sequence # _____ Date Wanted _____

Disconnect Order: Order Sequence # _____ Date Wanted _____

Duke Energy
9700 David Taylor Drive
University Research Park
Charlotte, NC 28262-2363

Fax Number
(800) 351-3853



Internet Instructions for Completing the Duke Energy Faxable Application Request to Change Responsibility for Payment of Electric Service into Name of New Owner or New Tenant.

- ① **Permit #:** If applicable, enter the permit number from the appropriate Governmental agency (city/county or health department in S.C.)
- ② **Date Faxed:** Enter the date the fax is sent. (Example: May 5, 1999 or 5/5/99.)
- ③ **Date to Connect Service:** Enter the date of a weekday (Monday through Friday) that service is to be changed into the new customer's name. Do **not** use "Monday" or "ASAP." It must be a date. (Example: May 5, 1999 or 5/5/99.)
- ④ **Customer's Name:** Enter the customer's last name, suffix, first name and middle initial. (Example: Smith, Jr., John B.)
- ⑤ **Social Security #:** Enter the customer's social security number. (Example: 111-11-1111.)
- ⑥ **Date of Birth:** Enter the customer's date of birth.
- ⑦ **Driver's License #:** Enter the customer's driver's license number and the state where the license is issued. (Example: 2826784 N.C.)
- ⑧ **Is this a joint account?** If the account is to be in the name of the husband and wife, answer **yes**. If the account is to be in a single name only, answer **no**.
- ⑨ **If yes:** If this is a joint account, enter the spouse's last name, suffix, first name and middle initial.
- ⑩ **Social Security #:** Enter the spouse's social security number.
- ⑪ **Date of Birth:** Enter the spouse's date of birth.
- ⑫ **Driver's License #:** Enter the spouse's driver's license number and the state where the license is issued.
- ⑬ **Home Phone #:** Enter the customer's home phone number including the area code.
- ⑭ **Best Phone Number to Contact the Customer:** Enter the phone number, including the area code, where the customer can be contacted Monday through Friday, 8:00 a.m. to 5 p.m.
- ⑮ **Name of the Customer's Nearest Relative:** Enter the name of the customer's nearest relative that does not live at this service address.
- ⑯ **Phone #:** Enter the phone number, including area code, of the nearest relative.
- ⑰ **Employer:** Enter the name of the company where the customer is employed.
- ⑱ **Work Phone #:** Enter the phone number, including the area code, of the company where the customer is employed.
- ⑲ **If Buying:** Enter the name of the company where the customer makes the monthly house payment. (Example: XYZ Mortgage Co.)
- ⑳ **Mortgage Holder's Phone #:** Enter the mortgage company's phone number, including area code.
- ㉑ **If Renting:** Enter the name of the landlord or the company where the customer makes the monthly rent payment. (Example: Charlotte Apartment Renting Company.)
- ㉒ **Landlord's Phone #:** Enter the landlord's or rental management company's phone number, including the area code.
- ㉓ **Street Address Moving To:** Enter the new **service address** the customer is moving to, not a mailing address or route number. (Example: 2222 Fax Avenue or 2222 Fax Avenue, Apartment B-2.)
- ㉔ **County, City, State, Zip:** Enter the county, city (indicating that the location is inside or outside the city limits), state and zip code. (Example: Mecklenburg, Charlotte, (No checked), NC, 28277-8839.)



- ②5 **Mailing Address:** Enter the new mailing address if different from the service address. (Example: P.O. Box 2222, Charlotte, NC 28233-1111.)
- ②6 **Directions from a Main Road:** Enter accurate directions from a main road or major highway. (Example: Exit 121 A off I-77 South from Charlotte, turn right on Westinghouse, then second left at country grocery store (red building), approximately 1/2 mile, last house on right.)
- ②7 **Address Moving From:** Enter the **service address** the customer is moving **from**, including apartment or building number (if appropriate), city, state and zip code.
- ②8 **Duke Energy Service Disconnected?:** Indicate if the address the customer is moving from is served by Duke Energy and if the service should be disconnected. If the answer is yes, enter the date the service should be disconnected.
- ②9 **Other Adults Living at the New Location:** Enter the last name, suffix, first name and middle initial (MI) of any other adult living at this same address.
- ③0 **Social Security #:** Enter the social security number of the other adult.
- ③1 **Date of Birth:** Enter the date of birth of other adult.
- ③2 **Driver's License #:** Enter the driver's license number and the state where the license is issued of the other adult.
- ③3 **Requested By:** Person's **signature**/written name requesting this change in service and the company that they represent.
- ③4 **Phone #:** Enter the phone number, including area code, of the person and company requesting this change in service.