



Tongue River Electric Cooperative, Inc.

PO Box 138 | 2435 West Highway 212 | Ashland, MT 59003
Phone: 406-784-2341

ELECTRIC HEAT RATE APPLICATION

Member Name: _____

Account Number: _____

Service Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Heating Type: Furnace Baseboard Heat Pump Other: _____

Total Heat Load (kW): _____

Primary Heat Source: _____

Installation Date: _____

Member Certification

I certify that the electric heating system listed above is installed and operational at the service location. I understand this rate is subject to cooperative policies and applicable rate schedules. I further understand that I may be required to obtain an electrical permit for this installation, and that I shall be responsible for all cooperative costs associated with providing this service, which may include the cost of an additional meter.

Member Signature: _____ Date: _____