

UTILITY DESIGNEE FORM

NEW UTILITIES MUST COMPLETE THIS FORM UPON CPCN APPROVAL, AND WHEN CHANGES OF INFORMATION OCCUR (i.e., name, address, contact person, etc.)

DATE:

UTILITY NAME: dba:

CORPORATE ADDRESS:

STREET ADDRESS		
MAILING ADDRESS (if different)		
CITY	STATE	ZIP
INTERNET ADDRESS:		

COMPANY MAILING ADDRESS:

ADDRESS:		
CITY	STATE	ZIP

COMMISSION DESIGNATED AGENT:

NAME & TITLE:		
STREET ADDRESS		
MAILING ADDRESS (if different)		
CITY	STATE	ZIP
BUSINESS PHONE NO.	FAX NO.	EMAIL ADDRESS:

Additional Commission Designated Agent if above Commission Designated Agent does not have a Colorado Address:

NAME & TITLE		
STREET ADDRESS		
MAILING ADDRESS (if different)		
CITY	STATE	ZIP
BUSINESS PHONE NO.	FAX NO.	EMAIL ADDRESS:

CUSTOMER SERVICE (BUSINESS OFFICE):

CURRENTLY OFFERING SERVICE IN COLORADO YES <input type="checkbox"/> NO <input type="checkbox"/>		
SERVICES CURRENTLY OFFERED IN COLORADO: RESIDENTIAL <input type="checkbox"/> BUSINESS <input type="checkbox"/>		
MAILING ADDRESS		
CITY	STATE	ZIP
TOLL FREE NO. FOR BUSINESS SERVICE	FAX PHONE NO.	
TOLL FREE NO. FOR RESIDENTIAL SERVICE	EMAIL ADDRESS:	
INTERNET ADDRESS:		

ANNUAL REPORT CONTACT

NAME & TITLE		
STREET ADDRESS		
MAILING ADDRESS (if different)		
CITY	STATE	ZIP
BUSINESS PHONE NO.	FAX NO.	EMAIL ADDRESS:

REGULATORY CONTACT

NAME & TITLE		
STREET ADDRESS		
MAILING ADDRESS (if different)		
CITY	STATE	ZIP
BUSINESS PHONE NO.	FAX NO.	EMAIL ADDRESS: