



# Economy Price Plan Application

**Mail to:**  
Economy Price Plan, PAB370  
SRP  
P.O. Box 52025  
Phoenix, AZ 85072-2025

**To apply complete this application.**

- Print clearly and complete all the shaded areas below.
- Incomplete information may delay your application review.

SRP account number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name as shown on your SRP bill \_\_\_\_\_  
(last, first, middle)

Residential address (number and street) \_\_\_\_\_

City \_\_\_\_\_, AZ ZIP \_\_\_\_\_ - \_\_\_\_\_

Home telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Number of people in household    Adult \_\_\_\_\_ + Children \_\_\_\_\_ = Total \_\_\_\_\_

Total household monthly income **before taxes and/or deductions** \$ \_\_\_\_\_

Are you, or any person in your home, employed by SRP?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, print the SRP employee's name \_\_\_\_\_

**My signature indicates that I meet program and income requirements and have completed this application.**

The information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform SRP if I no longer qualify to receive the discount. I understand that if SRP at any time determines that the information contained in this application is not true and correct, I will be required to pay back the discounts I have received under the Economy Price Plan.

**Allow up to 60 days to process.**

Customer signature \_\_\_\_\_ Date \_\_\_\_\_

**SRP use only:** SRP dates: Rec'd \_\_\_\_\_ Denied \_\_\_\_\_ Approved \_\_\_\_\_