



Economy Price Plan Application

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

Print clearly. Incomplete information will 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 Adults _____ + Children _____ = Total _____

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

NOTE: Application will be denied if any information in this box is left blank.

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

If yes, print SRP employee's name _____

Double-check your application. If all areas are filled in, read and sign below.

My signature indicates that I meet program and income requirements.

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.

Customer signature _____ Date _____

Allow up to 60 days to process.

SRP use only — SRP dates: Received _____ Denied _____ Approved _____