**ECONOMY PRICE PLAN APPLICATION**

**To apply:** Call SRP at (602) 236-8888, OR

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

**Fax to:**
(602) 914-8732

**Email to:**
SRPEAG@srpnet.com

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Print clearly. Incomplete information will delay your application review.

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRP account number</td>
<td>____ <strong><strong>-</strong></strong> <strong><strong>-</strong></strong> ____</td>
</tr>
<tr>
<td>Name as shown on your SRP bill</td>
<td>___________________________ (last, first, middle)</td>
</tr>
<tr>
<td>Residential address</td>
<td>___________________________ (number and street)</td>
</tr>
<tr>
<td>City, AZ, ZIP</td>
<td>___________________________ - __ __ __ __</td>
</tr>
<tr>
<td>Best contact telephone</td>
<td>(____ ____ ) ____ <strong><strong>-</strong></strong> ____ ____</td>
</tr>
<tr>
<td>Alternate telephone</td>
<td>(____ ____ ) ____ <strong><strong>-</strong></strong> ____ ____</td>
</tr>
<tr>
<td>Email address (optional)</td>
<td>_______________________________________________</td>
</tr>
</tbody>
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Number of people in household:  
- Adults _____  +  Children _____  =  Total _______

Total household monthly income: **before taxes and/or deductions** $____________________

**NOTE:** Application will be denied if any fields in this box are left blank.

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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 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 determines at any time that I do not qualify to receive the discount provided under the Economy Price Plan, that I will be removed from the program at that time.

Customer signature ___________________________  Date ___________________________

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SRP use only — SRP dates: Recd ____________  Denied ____________  Appd ____________  E L

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