

Identity Verification Form

To Be Completed by Applicant

Please be sure that the information is printed clearly and completely.

Last Name ⁽¹⁾ _____ First Name ⁽²⁾ _____ MI ⁽³⁾ _____

Date of birth ⁽⁴⁾ _____

Phone Number ⁽⁵⁾ (____) _____ Alternate Phone Number ⁽⁶⁾ (____) _____

Address where service is requested ⁽⁷⁾ _____

City ⁽⁸⁾ _____ State ⁽⁹⁾ _____ Zip Code ⁽¹⁰⁾ _____

Address on Government issued photo ID ⁽¹¹⁾ _____

City ⁽¹²⁾ _____ State ⁽¹³⁾ _____ Zip Code ⁽¹⁴⁾ _____

Type of Government issued photo ID ⁽¹⁵⁾ _____ I.D number ⁽¹⁶⁾ _____

Example: drivers license, passport, etc.

Signature of Applicant ⁽¹⁷⁾ _____ Date ⁽¹⁸⁾ _____

****The signature date must match the date listed below by the notary.**

To Be Completed by Notary

Please be sure that the information is printed clearly and completely.

I certify that ⁽¹⁹⁾ _____ personally appeared before me this day,
⁽²⁰⁾ ____/____/____, and is the person whose name is subscribed to the within instrument, and
 acknowledged that he/she executed the same for the purpose therein contained.

⁽²¹⁾ _____

Notary Signature

⁽²²⁾ _____

Notary Name typed, printed or stamped

⁽²³⁾ _____

Notary Title or Rank

⁽²⁴⁾ _____

My Commission Expires

⁽²⁵⁾ _____

Notary Public Seal

Return completed form to Vectren Customer Service at:

Fax to: (812) 491-4053

Email to: IDVerification@Vectren.com

Mail to: Vectren Energy Delivery

Attention: Customer Service

P.O. Box 209

Evansville, IN 47702-0209

Customer Service: 1-800-227-1376