



COVID-19 General Service Assistance Program Application

Account Name: _____ Tax ID Number: _____

Service Address: _____

Owner's Name (if different than the account name): _____

Primary Contact: _____ Title: _____

Phone Number: _____ Email Address: _____

Standard Industrial Classification Code (SIC Code, if known): _____

My business has been directly impacted by Governor Brown's Executive Order to close or limit business operations: Yes No

Business Type:

- Bar/Restaurant
- Salon/Barber Shop
- Spa/Nail/Tanning Salon
- Fitness Center
- Jewelry Shop/Boutique
- Activity Center
- Retail Store
- Medical/Dental Office
- Tattoo/Piercing Parlor
- Other: _____

Number of Employees: _____

I certify the above information is true. I acknowledge the following: 1) If I close my Salem Electric account at this service address, funds will be credited to my account after any other payments or deposits have been applied. All unused funds will revert back to Salem Electric; 2) I have not received any Salem Electric Member Assistance Program funds through this program in 2020; 3) Assistance is limited to one payment per business.

Member Signature: _____ Date: _____