

PROPOSED SERVICE

NEW SERVICE YES NO EXISTING SERVICE YES NO

PROPERTY OWNER NAME _____
OWNER PHONE NUMBER _____
NEW SERVICE ADDRESS _____ LOT# _____
E-MAIL ADDRESS _____
PRIMARY CONTACT NAME _____
CONTACT PHONE NUMBERS _____
CONTACT E-MAIL ADDRESS _____
CONTACT FAX NUMBER _____
ELECTRICIAN'S NAME _____
ELECTRICIAN'S PHONE NUMBER _____
NEAREST NEIGHBOR'S NAME AND OR ADDRESS _____

REQUIRED: ADDRESS MUST BE POSTED TO ASSIST IN LOCATING NEW SERVICES

PROJECT INFORMATION- REQUIRED

DO YOU NEED TEMPORARY SERVICE YES NO

LOCATION OF THE TEMPORARY SERVICE TO BE MARKED WITH: _____

TYPE OF FINAL SERVICE REQUESTED

HOUSE MOBILE HOME BUILDING METER ON THE POLE
APARTMENT SHOP OTHER
DUPLEX BARN SQUARE FEET _____

LOCATION OF THE NEW SERVICE TO BE MARKED WITH: _____

TYPE OF SERVICE SINGLE PHASE 3 PHASE

OVERHEAD

UNDERGROUND

IF 3 PHASE- VOLTAGE REQUESTED:

SERVICE SIZE 100 200 400 600 OTHER _____

SERVICE LOCATION FRONT BACK LEFT RIGHT

AIR CONDITIONING- TONS

ELECTRIC HEAT YES NO

ELECTRIC WATER HEATER YES NO

SERVICE UPGRADE FROM _____ TO _____ AMPS

OUTDOOR LIGHTING YES NO

WHERE WOULD YOU LIKE THE OUTDOOR LIGHT _____

WILL MARK OUTDOOR LIGHT LOCATION WITH: _____

SKETCH/INSTRUCTIONS

SIGNATURE: _____

DATE: _____