



NEW/UPGRADED ELECTRICAL SERVICE REQUEST FORM

Customer (Owner) Contact Information

Name _____

Day Phone # _____ Cell Phone # _____

Email _____ Fax # _____

Contractor/Consultant Contact Information *Complete this section if owner and contractor are separate individuals.*

Name _____

Day Phone # _____ Cell Phone # _____

Email _____ Fax # _____

Service Location

Service Address _____ City _____ Zip _____

New Service Address Coordinates (if applicable) _____

Subdivision Name _____ Phase _____ Lot # _____ Block # _____

Directions _____

If known, nearest pole, padmount, or pedestal # (yellow tag) _____

Is this a service for a permanent residence? _____

Single-Family: sq. ft. _____

Does the structure have a permanent foundation? _____

Multi-Family: sq. ft. _____ # Units _____

Commercial Building: sq. ft. _____

Other _____ sq. ft. _____

Type of Request

- New Service
- Service Upgrade
- Relocation of Service
- Temporary Service
- Additional Service
- Other _____

Type of Service

- Overhead Underground
- Single-Phase 3-Phase
- Voltage: 200 amp 320 amp CT _____ amp
- 120/240 20/208 277/480
- Joint Use: CVT GCI None

Additional Information

Site plan attached Expected building completion date (mm/dd/yyyy) _____

Special conditions and/or requests _____

Signature of Applicant/Representative _____

Date _____