



Electric Service Application – New Service/Upgrade
(Each individual service will require a complete and separate application)

Name: _____ Phone: _____

Original Signature: _____ Fax: _____

Contact Name: _____ Phone: _____

Email: _____

Application Date: _____ Requested Service Date: _____

Note: This application will be null and void if work is not completed within 6 months from said application date.

Existing Building	Other	New Building	Service Voltage Requested
<input type="checkbox"/> Residential	<input type="checkbox"/> Temp Connection	<input type="checkbox"/> Residential: Single family	<input type="checkbox"/> Single Phase 120/240
<input type="checkbox"/> Commercial	<input type="checkbox"/> Street Lights	<input type="checkbox"/> Residential: Multi Family	<input type="checkbox"/> Three Phase
<input type="checkbox"/> Industrial	<input type="checkbox"/> Traffic Signals	estimated # of units _____	_____ 120/208
<input type="checkbox"/> Upgrade Service	<input type="checkbox"/> New Service	<input type="checkbox"/> Commercial	_____ 277/480
<input type="checkbox"/> Relocate Service	<input type="checkbox"/> Relocate	<input type="checkbox"/> Commercial: Multi Family	_____ Other
<input type="checkbox"/> Convert OH to UG	<input type="checkbox"/> Antenna Site	estimated # of units _____	
	<input type="checkbox"/> Signage Lights	<input type="checkbox"/> Industrial	
		<input type="checkbox"/> Other	

Service Panel:

Present Rating (amps) _____ Proposed Rating (amps) _____ Proposed Connected KW: _____

Present Peak KW (Demand) _____ Estimated Peak KW (Demand) _____

SERVICE ADDRESS
(A complete and accurate service address is required before service may be installed)

Street Address: _____

Subdivision: _____ Lot # _____ Real Estate Permanent Tax # _____

Legal Description (attach sheet if necessary): _____

Record Titleholder of property: _____

If property is held in trust, identify beneficial owner (s): _____

Address: _____

CUSTOMER BILLING INFORMATION
(This information will be used for utility billing purposes)

Name: _____

Street Address: _____

City/State/Zip _____ Phone: _____

Authorized representative or agent: _____

Title: _____ Phone: _____

Note: Only Cash or Check can be used for payment.

BUILDING DIVISION OFFICE USE

Application Accepted By: _____

Date Application Received: _____

Date Payment Received: _____

Method of Payment: _____

Building Permit No.: _____

ELECTRIC DEPARTMENT CHARGES

Charges Calculated by: _____

Date: _____

<u>ITEM</u>	<u>ACCOUNT #</u>	<u>CHARGES (\$)</u>	<u>AMOUNT PAID</u>
Project Cost:	- 200999 45405	_____	_____
SOCC: VACANT	200999 48500	_____	_____
SECC: VACANT	200999 48501	_____	_____
SOCC:	200999 48502	_____	N/A
SECC:	200999 48503	_____	_____
Upgrade Charges:	200999 48504	_____	_____
Engineering:	200999 45206	_____	_____
Temp Connection:	200999 45407	_____	_____
Electric Improvement:	200999 45404	_____	_____
Relocation	_____	_____	_____
Subtotal		_____	N/A
Less contribution- if applicable		_____	N/A
Total Amount of Charges:		_____	_____

Electric Project No.: _____