



**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.

<b>Existing Building</b>	<b>Other</b>	<b>New Building</b>	<b>Service Voltage Requested</b>
<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
<b>Total Amount of Charges:</b>		_____	_____

**Electric Project No.:** \_\_\_\_\_