



**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 Address: _____	
Application Date: _____	Requested Service 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 _____	<input type="checkbox"/> 120/208
<input type="checkbox"/> Upgrade Service	<input type="checkbox"/> New Service	<input type="checkbox"/> Commercial	<input type="checkbox"/> 277/480
<input type="checkbox"/> Relocate Service	<input type="checkbox"/> Relocate	<input type="checkbox"/> Commercial: Multi Family	<input type="checkbox"/> 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"/> Solar-Wind-Generator	<input type="checkbox"/> Other	Proposed Generator kW _____
<b>Service Panel:</b>	<input type="checkbox"/> Electric Vehicle Chargers		Proposed Connected EV kW _____
Present Rating (amps) _____	Proposed Rating (amps) _____	Proposed Connected kW: _____	
Present Peak kW (Demand) _____	Estimated Peak kW (Demand) _____	Proposed Interconnected kW AC _____	

**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 ACCOUNT INFORMATION**

(This information will be used for utility billing purposes for the account)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized representative or agent: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**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.:** \_\_\_\_\_