

APPLICATION FOR SERVICE

DATE: _____

NAME _____ SOCIAL SECURITY # _____

SPOUSE'S NAME _____ SOCIAL SECURITY# _____

ADDRESS _____

TELEPHONE # HOME: _____ WORK: _____

TELEPHONE # CELL: _____

TYPE OF SERVICE AND VOLTAGE: _____

LAND DESCRIPTION: _____ MAP # _____

AMOUNT OF FOOTAGE: _____

TRANSFORMER KVA: _____ EASEMENT REQUIRED: YES _____ NO _____

AMOUNT OF DEPOSIT: _____

NEW CONSTRUCTION WILL BE FOR WHAT: _____

MATERIALS NEEDED:	METER LOOP	_____
	BRK. BOX	_____
	BREAKERS	_____
	BREAKERS	_____
	H.P.S. LIGHT	_____
	NIPPLE	_____
	HUB	_____
	OTHER	_____
	OTHER	_____

APPOINTMENT TO STAKE: _____

OTHER INFORMATION: _____
