



SERVICE LOCATION REQUEST FORM

You must return this form to Pascoag Utility District before electrical construction begins.
Please fill out completely and legibly.

SERVICE LOCATION REQUEST NUMBER:	ACCOUNT NUMBER:
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CUSTOMER INFORMATION/ SERVICE LOCATION

NAME:	ACCOUNT NUMBER:
SERVICE ADDRESS:	PHONE NUMBER:
	CELL NUMBER:
	EMAIL:
CURRENT MAILING ADDRESS:	

ELECTRICIAN INFORMATION

NAME:	PHONE NUMBER:
ADDRESS:	CELL NUMBER:
	EMAIL:
	ELECTRICIAN LICENSE #:

KIND OF SERVICE	TYPE OF SERVICE
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> OTHER _____	<input type="checkbox"/> NEW SERVICE WIRE SIZE: _____ <input type="checkbox"/> TEMPORARY SERVICE <input type="checkbox"/> ALUMINUM <input type="checkbox"/> UPGRADE SERVICE <input type="checkbox"/> COPPER <input type="checkbox"/> OTHER _____ <input type="checkbox"/> AMPS _____ UPGRADE FROM: _____ UPGRADE TO: _____

PLAN: <input type="checkbox"/> ATTACHED <input type="checkbox"/> TO FOLLOW <input type="checkbox"/> OTHER	CONSTRUCTION: <input type="checkbox"/> OVERHEAD <input type="checkbox"/> UNDERGROUND
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ELECTRIC HEAT? <input type="checkbox"/> YES <input type="checkbox"/> NO	ELECTRIC HOT WATER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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VOLTAGE	METERS
<input type="checkbox"/> 120/240 SINGLE PHASE <input type="checkbox"/> 120/208 THREE PHASE <input type="checkbox"/> 277/480 THREE PHASE <input type="checkbox"/> OTHER _____	NUMBER OF METERS PRESENT: _____ Number of meters proposed: _____ <input type="checkbox"/> check if meter is for common areas Acknowledgement: Customer shall be solely responsible for any and all work performed by, or on behalf, of the customer, pursuant to this Service location Request Form, and PUD shall have no liability thereafter.

DESCRIPTION OF WORK

SIGNATURE: _____	DATE: ____/____/____
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