

LINE EXTENSION REQUEST

Building Department Contacted and Building Permit Obtained? Yes No

Name: _____

Mailing Address: _____

Phone Numbers: _____ _____

Location of Project (Physical Address): _____

APN: _____

Closest Neighbor who has power: _____

Type of Construction: Residence Shop Commercial Well Conversion Upgrade

If second meter is it over 300' from existing meter? Yes No

If new Residence or Commercial Building – will it be All-Electric? Yes No

If upgrade of existing service – is it to accommodate a new heating/air-conditioning load?
Yes No

Size of Service Panel: 200amp 400amp Other: _____

Will Line Extension be: Overhead Underground

Will new line extension cross someone else's property? Yes No, if yes is there an easement?

Date Construction to Begin: _____

Contractor: _____

When Customer is available for a field visit: _____

Additional information:

Please Complete This Form and Bring It To Your Appointment