

# Electric Service Request Form

## Contractor/Consultant Contact Information

Contractor/consultant name \_\_\_\_\_  
Contact person \_\_\_\_\_ Day phone # \_\_\_\_\_  
Cell phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Best contact time: \_\_\_\_\_  a.m.  p.m.

## Customer (Owner) Contact Information *Complete this section if owner and contractor are separate individuals*

Name \_\_\_\_\_  
Mailing address \_\_\_\_\_ City, State Zip \_\_\_\_\_  
Day phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_ Best contact time: \_\_\_\_\_  a.m.  p.m.

## Billing Information

Person requesting service is  owner  other Check if you want a separate billing statement for this site   
Person responsible for billing is  owner  other (if other, please fill out both sections above)  
Account # \_\_\_\_\_ Tax ID # \_\_\_\_\_

*Complete fields below if person responsible for billing has not had service with Pacific Power*

Name \_\_\_\_\_  
Mailing address \_\_\_\_\_ City, State Zip \_\_\_\_\_

*Complete fields below if not billing to a business account*

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's license # \_\_\_\_\_ State \_\_\_\_\_  
Day phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_ Work phone # \_\_\_\_\_  
Alternate customer \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of birth \_\_\_\_\_  
Driver's license # \_\_\_\_\_ State \_\_\_\_\_ Day phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

## Service Information *This section is required*

New service address \_\_\_\_\_ City, State Zip \_\_\_\_\_

New service address coordinates (if applicable) \_\_\_\_\_

Subdivision name \_\_\_\_\_ Phase \_\_\_\_\_ Lot # \_\_\_\_\_ Block # \_\_\_\_\_

If known, nearest pole or padmount # (yellow tag, 10 or 12 digits) \_\_\_\_\_

Type of service  residential  non-residential

<input type="checkbox"/> House (residence, cabin)	sq. ft _____	<input type="checkbox"/> Warehouse	sq. ft _____
<input type="checkbox"/> Mobile home	size _____	<input type="checkbox"/> Irrigation pump	HP rating _____
<input type="checkbox"/> Garage/outbuilding	sq. ft _____	<input type="checkbox"/> Other _____	sq. ft _____
<input type="checkbox"/> Apt./condo/townhouse	sq. ft _____	# of units _____	

Special conditions and/or requests (call back, cost estimate, temp or perm location, etc.) \_\_\_\_\_

Main source of heat  gas  propane  other  electric If electric  heat pump (\_\_\_ tons)  furnace  other

If air conditioning  evaporative cooler  central air (\_\_\_ tons)  heat pump (\_\_\_ tons)  other

Preferred service type (a fee may be charged for temporary service)  permanent  temporary for construction

If you are going from temporary to permanent service, the temp meter should be  left  removed

State/City electrical inspection complete?  yes  no  n/a permit # \_\_\_\_\_

Expected building completion date (mm/dd/yyyy) \_\_\_\_\_

Applicant or representative signature \_\_\_\_\_

Date \_\_\_\_\_

**Please fax completed form to 1-800-883-3124.**

