

REQUEST FOR SERVICE APPLICATION

Customer Billing Information

*Name:		
*Mailing Address:	Town:	Postal Code:
*Phone #:	Cell #:	Fax #:
Email:		

Electrical Contractor Information

Contractor Name:		Contact Name:
Mailing Address:	Town:	Postal Code:
Phone #:	Cell #:	Fax #:
Email:		

Location of work

*Community:
Street Address:
*Legal Land Description (Block, Plan, and Lot #):

Type of work to be done

<input type="radio"/> New Service	Amps:	Volts:
<input type="radio"/> Temporary Service	Amps:	Volts:
<input type="radio"/> Upgrade Service Size	From:	To:
<input type="radio"/> De-energize electrical service for repairs	Duration:	
<input type="radio"/> Revenue Meter disconnect or reconnect		
<input type="radio"/> Other	* Please explain in Project Details Box*	

Request Details

Requested Connection Date (mm/dd/yyyy):		
Requested Date for disconnect and reconnect (mm/dd/yyyy):		
GNWT Electrical Permit #:		
Is this service Underground or Overhead?	<input type="radio"/> Underground	<input type="radio"/> Overhead
Are additional documents being submitted with this request?	<input type="radio"/> Yes	<input type="radio"/> No
Who will be signing the service agreement and paying the deposit for this request?	<input type="radio"/> Customer	<input type="radio"/> Contractor

