



Request for Electrical Service Service Change

Engineering Department 503-815-8629

✍ REQUIRED INFORMATION

Applicant Information (Please print full, legal name, or business name)		
✍ Owner Information:	Name:	
	Street:	
	City / State / ZIP:	
	Daytime Phone:	Cell Phone:
Contact Information		
✍ Contact Information:	Name:	<input type="checkbox"/> Same as above
	Street:	
	City / State / ZIP:	
	Daytime Phone:	Cell Phone:
Project Location		
✍ Street address		
✍ City:		
Project		
Service Upgrade:		
✍ Electrical load:	✍ Main breaker size: amps	✍ Desired amps:
✍ Voltage (select one):	<input type="checkbox"/> 120/240, 3-wire, 1Ø	<input type="checkbox"/> 277/480Y; 4-wire 3Ø
	<input type="checkbox"/> 120/208Y; 4-wire 3Ø	<input type="checkbox"/> Other:
Disconnect required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Service Change:		
Relocate service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current location:	
	Desired location:	
Disconnect required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Overhead to Underground Conversion:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe:		
Other:		
Describe:		
Disconnect required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
✍ Applicant's Signature:	✍ Date:	

**MAIL COMPLETED FORM TO: PO BOX 433; TILLAMOOK, OR 97141
FAX TO: 503-815-8648 EMAIL: engineering-requests@tpud.org**

REQUEST NO.: _____

Tillamook PUD Plot Plan

Name:

Address:

Include roads, well, septic system, sidewalks, driveways, proposed future improvements, proposed location of electric meter. A copy of the site plan submitted to Tillamook County may be attached.



REQUEST NO.: _____