



Request for New Electrical Service Residential Service

Engineering Department 503-815-8629

REQUIRED INFORMATION

Applicant Information (Please print full, legal name or business name)	
Temporary service: Name and address of party responsible for temporary service billing?	Name: _____ Street: _____ City / State / ZIP: _____ Daytime Phone: _____ Cell Phone: _____
Permanent service: Name and address of party responsible for permanent service billing?	Name: _____ <input type="checkbox"/> Same as above Street: _____ City / State / ZIP: _____ Daytime Phone: _____ Cell Phone: _____
Project	
No. of Units:	<input type="checkbox"/> Single-family residence <input type="checkbox"/> Duplex <input type="checkbox"/> Quad
Temporary service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Overhead <input type="checkbox"/> Underground Date Desired: _____
Permanent service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Overhead <input type="checkbox"/> Underground Date Desired: _____
Contractor Information	
Name of contractor:	_____ <input type="checkbox"/> Same as above
Mailing address:	_____
City / State / ZIP:	_____
Daytime telephone:	_____
Contact Information	
Name of contact:	_____ Role: _____
Mailing address:	_____ <input type="checkbox"/> Same as above
City / State / ZIP:	_____
Telephone Numbers:	Daytime Phone: _____ Cell Phone: _____
Project Information	
Street address and city OR assessor's parcel number (EXAMPLE: 2N 10 29AC 1400):	_____
Nearest cross street:	_____
Who will trench, install conduit, and backfill?	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor Name: _____ Cell Phone: _____
Trench services (check all that apply):	<input type="checkbox"/> Electric <input type="checkbox"/> Telephone <input type="checkbox"/> Cable <input type="checkbox"/> Other: <i>Water, propane, sewer, storm drains, gas, or oil facilities are not permitted in joint trench.</i>
Electrical Load Information	
Main breaker size:	Amps _____ Total square footage: _____
Voltage:	<input type="checkbox"/> 120/240, 3-wire, 1Ø <input type="checkbox"/> Other: _____
Check all that apply:	<input type="checkbox"/> Standard residential loads (Lighting, refrigerator, freezer, dishwasher, washer) <input type="checkbox"/> Air-conditioner (____ tons) <input type="checkbox"/> Range/Oven <input type="checkbox"/> Spa <input type="checkbox"/> Domestic water pump (___ hp) <input type="checkbox"/> Clothes Dryer <input type="checkbox"/> Heat pump (___ tons) <input type="checkbox"/> Other electric heat (___ kW) <input type="checkbox"/> Water Heater <input type="checkbox"/> Other
Attachments	
Provide a copy of the following documents: <ul style="list-style-type: none"> Legal description of property or copy of last recorded deed. County assessor's parcel map indicating homesite(s), easements, and rights-of-way. Detailed plot plan (see reverse). 	
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.: _____