



Request for New Electrical Service

Residential Service

Engineering Department 503-815-8629

REQUIRED INFORMATION

Applicant Information (Please print full, legal name or business name)

<p>Temporary service: Name and address of party responsible for temporary service billing?</p>	Name:	
	Street:	
	City / State / ZIP:	
	Daytime Phone:	Cell Phone:

<p>Permanent service: Name and address of party responsible for permanent service billing?</p>	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 & city:	
Assessor's parcel no.:	(EXAMPLE: 2N 10 29AC 1400)
Who will trench, install conduit, and backfill?	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor Name: Cell Phone:

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:
- 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:
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Mail to:
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