



Request for Electrical Service Service Change

Engineering Department 503-815-8629

REQUIRED INFORMATION

Applicant Information (Include 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

Customer Certification:

I certify that the information provided on this form is accurate and complete to the best of my knowledge; and that I own, lease, or have a contract to purchase the property or premises referenced in this request for service or I have been authorized by the owner or lessee to complete this request on their behalf.