

Electric Service Request Form

Contractor/Consultant Contact Information

Contractor/consultant name _____ Tax ID _____
Contact person _____ Day phone # _____
Cell phone # _____ Fax # _____ Best contact time a.m. p.m.

Customer (Owner) Contact Information

Only complete if owner and contractor are separate individuals

Name _____
Mailing address _____ City, State Zip _____
Day phone # _____ Cell phone # _____ Best contact time a.m. p.m.

Billing Information

Person requesting service is owner other Check if you want a separate billing statement for this site

Person responsible for billing is owner other (if other, please fill out both sections above)

Account number _____

If person responsible for billing has not had service with Utah Power, please fill out the following information

Name _____
Mailing address _____ City, State Zip _____
Social Security # _____ Date of Birth _____ Drivers license # _____ St _____
Day phone # _____ Cell phone # _____ Work phone # _____
Alternate customer _____ Social Security # _____ Date of birth _____
Drivers license # _____ State _____ Day phone # _____ Cell phone # _____

Service Information

New service address _____ City, State Zip _____

New service address coordinates (if applicable) _____

Subdivision name _____ Phase _____ Lot # _____ Block # _____

If known, nearest pole or padmount # (yellow tag, 10 or 12 digits) _____

Type of service residential non-residential

<input type="checkbox"/> House (residence, cabin)	sq. ft _____	<input type="checkbox"/> Warehouse	sq. ft _____
<input type="checkbox"/> Mobile home	size _____	<input type="checkbox"/> Irrigation pump	HP rating _____
<input type="checkbox"/> Garage/outbuilding	sq. ft _____	<input type="checkbox"/> Other (barn, cell tower, RV pad)	sq. ft _____
<input type="checkbox"/> Apt./condo/townhouse	sq. ft _____	# of units _____	

Special conditions and/or requests (call back, cost estimate, temp or perm location, etc.) _____

Main source of heat gas propane other electric If electric heat pump (___ tons) furnace other

If air conditioning evaporative cooler central air (___ tons) heat pump (___ tons) other

Preferred service type (a fee may be charged for temporary service) permanent temporary for construction

If you are going from temporary to permanent service, the temp meter should be left removed

State/City electrical inspection complete? yes no n/a permit # _____

Expected building completion date (mm/dd/yyyy) _____

Applicant or representative signature _____

date _____

Please fax completed form to 1-800-883-3124.

