

Electric Service Request Form

Contractor/Consultant Contact Information

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

Customer (Owner) Contact Information *Complete this section 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 # _____ Tax ID# _____

Complete fields below if person responsible for billing has not had service with Rocky Mountain Power

Name _____
Mailing address _____ City, State Zip _____

Complete fields below if not billing to a business account

Social Security # _____ Date of Birth _____ Driver's license # _____ State _____
Day phone # _____ Cell phone # _____ Work phone # _____
Alternate customer _____ Social Security # _____ Date of birth _____
Driver's license # _____ State _____ Day phone # _____ Cell phone # _____

Service Information *This section is required*

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 _____ | 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.

