

# City of Rensselaer

## Application for Electrical Service

METER DEPOSIT \$ _____.
<input type="checkbox"/> CLERKS INITIALS _____

Date: \_\_\_\_\_

<b>Name of Applicant</b>
Address
Contact Number(s)
Home
Cell
Fax
E-Mail address:

Service Address:
Name of Electrician
Contact Number(s)
Home
Cell
Fax
E-Mail address:

<b>Primary Contact</b>
Address
Contact Number(s)
Home
Fax
E-Mail address

<b>Electrician's License Number:</b>
<b>Start Date:</b>
<b>EST. Date of Completion:</b>

***FOR OFFICE USE ONLY:***

**TYPE OF OCCUPANCY**

RESIDENTIAL      COMMERCIAL      INDUSTRIAL      INSTITUTION      OTHER

**WIRE DETAIL**

**RATING OF SERVICE:**                           **VOLTAGE:**                           **AMPERES:**                           **PHASE:**                          

**THE SUPPLY SERVICE REQUIRED WILL BE:**

(please circle those that apply)

TEMP.      OVERHEAD      UNDERGROUND      PAD TRANSFORMER      UPGRADE

I hereby acknowledge that I have read this application and state that the above information is correct. I also agree to conform to all City Ordinances and regulating the installation of electrical wiring, fixtures, apparatus and equipment.

Owner/Contractor/Agent Signature X \_\_\_\_\_

Print Name X \_\_\_\_\_

Date: \_\_\_\_\_

CC: Building Department, Original to Electric Utility

1/1/2007