



ELECTRICAL UTILITY SERVICE REQUEST

Date	Parcel Identifier	Roll No.
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Civic Address

Suite or Unit Nos. (if applicable)

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Legal Description

Lot		Block		District Lot		Plan	
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Owner Information (add additional page if more than one owner)

Registered Owner		Mailing Address
City/Province/Postal Code		
Daytime phone	Alternate phone	Email

Tenant Information (if applicable)

Name(s)		
Daytime phone	Alternate phone	E-mail

Contractor Information (if applicable)

Name/Company Name		Business Licence No:
Daytime phone	Alternate phone	E-mail

Electrician Information (if applicable)

Name/Company Name		Business Licence No:
Daytime phone	Alternate phone	E-mail

Documents Provided

Site Plan <input type="checkbox"/>	Letter of Authorization <input type="checkbox"/>	Title Search <input type="checkbox"/>	ROW/Easement Documents <input type="checkbox"/>
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Type of Development

Single Family Dwelling <input type="checkbox"/>		Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>
New <input type="checkbox"/>		Renovation <input type="checkbox"/>	Addition <input type="checkbox"/>
Suite <input type="checkbox"/>	RATE CODE: Residential <input type="checkbox"/> Commercial <input type="checkbox"/> AUX <input type="checkbox"/>		
Electric Heating: If applicable, provide square footage _____			
Subdivision <input type="checkbox"/>	Number of Lots:		Subdivision Site Plan <input type="checkbox"/>
District Floodplain	No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, depth required _____		

Civic Address

Suite or Unit Nos. (if applicable)

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Requested Service

FOR OFFICE USE ONLY

	ELTEMP	\$
Temporary Service		
	ELDEP / ELNORM	\$
New Service		
	ELDEP / ELNORM	\$
Service Upgrade		
	ELNORM	\$
Distributed Generation		
	ELDEP	\$
Subdivision		
Non-refundable application fee of \$100.00 (only applies to requested services above) PAID <input type="checkbox"/> Date Paid:		ENON
Disconnect at electrical meter	Date Requested	\$
Reconnect at electrical meter	Date Requested	\$
Disconnect/Reconnect at electrical meter	Date Requested	\$
Disconnect/Reconnect at pole or mast	Date Requested	\$
Remove Service	Date Requested	\$
Remove Rental Light	Date Requested	\$
Notes:		SUB-TOTAL \$
		GST \$
Estimate/Cost valid 6 months from _____		TOTAL \$

FOR OFFICE USE ONLY		
SRN NUMBER	DATE	PAID STAMP FOR COST/ESTIMATE
ROLL NO.		
UB ACCOUNT NO.		
METER NUMBER		
METER READING	DATE	

As the property owner or owner’s agent, I/we agree to be governed by the bylaws of the District of Summerland in relation to the above requested services. **Should the actual costs of service installation exceed the above noted costs, the owner will be responsible for the balance owing.** In consideration of the granting of this permit, I/we hereby agree to release and indemnify the District of Summerland and its officers, employees, contractors, and agents, from and against all claims, demands, actions, proceedings, and liabilities whatsoever and all costs and expenses incurred in connection with and resulting from the granting of this permit. It is further agreed that I/we will pay the full cost of repairing any damage to District of Summerland works resulting from the building operations in respect of which this application is made. I have read the above agreement, release and indemnity and understand it.

The Customer’s Electrician to contact the Summerland Electrical Utility Division PRIOR to cost being provided.

Signature of Owner(s)/Agent: _____ Date: _____

The personal information on this form is collected under the authority of the Local Government Act for the purposes of processing this application and is subject to the *Freedom of Information and Protection of Privacy Act*. Any questions regarding this collection should be directed to the Corporate Officer, District of Summerland, Box 159, Summerland, BC V0H 1Z0 or call 250-494-6451, or email corporateofficer@summerland.ca.