

## **Request for Residential Electrical Service**

The following information is required to establish electrical service.

- Submit this form if you are requesting a new, altered, or temporary electrical service.
- Please be advised if you are a new customer to Franklin PUD, our Customer Service Department will be contacting you to set-up your account. You may contact Customer Service at (509) 547-5591.
- Please be advised that your application will be processed only after the application fee has been paid.

BILLING INFORMATION
Customer: ☐ New ☐ Current and/or previous customer
Customer Name:
Mailing Address:
E-mail (used for Engineering related communication):
Home Phone:
SITE INFORMATION
You are required to attach a copy of scaled site plan showing proposed meter base location.
Service Address:
Subdivision: Lot#:
☐ City ☐ County
Are existing PUD facilities:   Overhead  Underground
Plot Plan Attached:
SERVICE INFORMATION (check applicable items)
Do you want temporary power (metered) at this location:
Service is
Type of Service:   Residential   Garage/Shop
Type of Structure: ☐ Site Built Home ☐ Manufactured Home ☐ Other  ELECTRIC VEHICLE CHARGER
☐ Yes ☐ No (If no, skip this section)
Type: □ Level 1 (120v) □ Level 2 (240v) How many? □ 1 □ 2 KW Load Total (AC Input)
LOAD INFORMATION (check applicable items)
Voltage Desired: ☐ 120/240 volt-3wire (typical household) ☐ Other
Size of Meter Base: ☐ 200A ☐ 320A ☐ CT400 ☐ CT600 ☐ CT800
Recessed Meter Base: 🗆 Yes 💢 No (If yes, coordinate with FPUD before you pour foundation)
Total Service Size (amps): No. of Panels:
Heating/Cooling: All Electric Heat Pumpton Gas Heat / Air Conditionerton
Back-up Heat kW other kW Small Irrigation pump (10HP max) HP
□Pool □Hot Tub □Major Misc. Load
PROJECT INFORMATION
Electrician: E-mail: Phone:
Building Contractor: E-mail: Phone:
Cost of design changes due to inadequate/inaccurate information will be borne by the property owner. Incomplete applications may
be delayed and/or not processed.
The application must be <b>signed</b> by the customer who is the <b>account holder</b> .
CUCTOMED CICMATURE.
CUSTOMER SIGNATURE: DATE:  PRINT NAME: DATE: