



Request for Other Electrical Service

- Submit this form if you are requesting a security light, security light removal or complete removal of electrical service.

BILLING INFORMATION

Customer Name: _____
 Mailing Address: _____
 E-mail (used for Engineering related communication): _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

SITE INFORMATION

Service Address: _____
 City County
 Are existing PUD facilities: Overhead Underground
 Meter Number: _____

SERVICE INFORMATION *(check applicable items)*

Service is Security Light Security Light Removal Complete Removal
 Electrician: _____ E-mail: _____ Phone: _____
 Building Contractor: _____ E-mail: _____ Phone: _____

Incomplete applications may be delayed and/or not processed.
 The application must be **signed** by the customer who is the **account holder**.

CUSTOMER SIGNATURE: _____ DATE: _____

PRINT NAME: _____ Email: _____