

APPLICATION FOR NEW SET AND TEMPORARY SERVICE

CSR Name:	Receipt #:	Fee Amount:	Re-Inspection Fee:
Billing Department Use Only	Date Received	Date Completed	Completed By:

Today's date: _____

Type of Service: New Set Temporary Service Trench Underground Overhead

Account name: _____			
Mailing address: _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Telephone Number: _____			

1. Address: _____ Account #: _____ Loc # _____
 Lot #: _____ Block #: _____ Subdivision: _____
2. Address: _____ Account #: _____ Loc # _____
 Lot #: _____ Block #: _____ Subdivision: _____
3. Address: _____ Account #: _____ Loc # _____
 Lot #: _____ Block #: _____ Subdivision: _____
4. Address: _____ Account #: _____ Loc # _____
 Lot #: _____ Block #: _____ Subdivision: _____
5. Address: _____ Account #: _____ Loc # _____
 Lot #: _____ Block #: _____ Subdivision: _____
6. Address: _____ Account #: _____ Loc # _____
 Lot #: _____ Block #: _____ Subdivision: _____
7. Address: _____ Account #: _____ Loc # _____
 Lot #: _____ Block #: _____ Subdivision: _____
8. Address: _____ Account #: _____ Loc # _____
 Lot #: _____ Block #: _____ Subdivision: _____

Signature Required: _____			
<i>Contact Person</i>	<i>ID verification: Driver's License number & State (list if other)</i>		
_____	_____	_____	_____
<i>Print Name</i>	<i>Title</i>	<i>Phone #</i>	<i>Date</i>

Note: In accordance with published MID regulations, supporting documents verifying the legal billing name may be required.