

INN Electric Cooperative, Inc.

APPLICATION FOR SERVICE

Applicant Name: _____

Membership #: _____

Physical Description of Property: _____

Tax Lot # and Block: _____

Legal Owner of Property: _____
 Name, Address and Telephone #: _____

Estimated Monthly Load: _____ KW _____ kwh

Voltage Desired: _____

Single Phase Three Phase

Seasonal Temporary Permanent

Date Service Needed By: _____

Distance from Nearest Utility Service: _____

Drawing of lot and building with existing utility easement marked.
 (Must provide map(s) or plat(s))

I, the undersigned applicant, swear the above information is true and correct to the best of my knowledge.

Date _____

Date _____

OFFICE USE ONLY

Line Department

Office Department

Staking Completed: _____

Estimated Cost of Construction: _____

Compliance Check: _____

Average Cost of Service: _____

Easement Secured: _____

Contribution-In-Aid of Construction: _____

Building Permit: _____

Advance-In-Aid of Construction: _____

WO Issued: _____

Special Minimum: _____

WO Completed: _____

Additional Deposit Required: _____

