

RESIDENTIAL SERVICE APPLICATION FORM

Please complete this form and send or deliver to:

City of Medicine Hat Electric Utility
2172 Brier Park Place N.W.
Medicine Hat, AB T1C 1S6

Inquiries: Residential Service Requests:

Electric Customer Service
Telephone: (403) 529-8270
Fax: (403) 502-8060
E-mail: elecdist@medicinehat.ca

PERMANENT SERVICE REQUEST

DATE SERVICE REQUIRED BY: _____

Electric Department to send correspondence to:

NAME OF COMPANY: _____
ATTENTION: _____
ADDRESS: _____

POSTAL CODE: _____
BUSINESS TELEPHONE: _____ CELLULAR: _____
E-MAIL: _____ FAX: _____

Invoice(s) to be sent to Above Contact Party: or See Below:

ADDRESS TO BE SERVICED: _____

LEGAL DESCRIPTION: LOT _____ BLOCK _____ PLAN # _____
 MEDICINE HAT REDCLIFF DUNMORE
 RURAL: NE NW SE SW
 SECTION _____ TOWNSHIP _____ RANGE _____

INVOICE MAILING DETAILS (if different than above)

PURCHASE ORDER / JOB NO.: _____
COMPANY: _____
ATTENTION: _____
ADDRESS: _____

ELECTRICAL CONTRACTOR: _____
BUSINESS TELEPHONE: _____ CELLULAR: _____
E-MAIL: _____ FAX: _____

RESIDENTIAL PERMANENT SERVICE

NEW SERVICE

CHANGE TO EXISTING SERVICE

Service Type:	Overhead <input type="checkbox"/>	Underground <input type="checkbox"/>
Required Voltage:	120/240 <input type="checkbox"/>	120/208 <input type="checkbox"/>
Type of Building:	Single Family <input type="checkbox"/>	Duplex <input type="checkbox"/>
Main Breaker Amperage:	_____	

CUSTOMER MUST PROVIDE THE FOLLOWING WHEN REQUEST FORM IS RETURNED:

Site Plan: Scaled or dimensioned drawing showing residence location on lot and proposed location of meter base on exterior wall of building. Indicate doors and windows in vicinity of meter base location. For underground services, show landscaping along proposed alignment for service drop.

Service Installation: To request a date for service to be "dug in", call 529-8270.
