

Customer Request for Service

ELECTRICAL DISTRICT NUMBER TWO, PINAL COUNTY

P. O. BOX 548

5575 ELEVEN MILE CORNER ROAD

COOLIDGE, AZ 85228

Phone: (520)723-7741

Fax: (520)723-5252

Name: _____ **Date:** _____

Mailing Address: _____

Service Address: _____

Home Telephone: _____ **Work Telephone:** _____

Electrician's Name (if applicable): _____ **Telephone:** _____

Service Will Be For (Select one): Residence Business Irrigation Gin Lighting

Type of Structure (Select one): Mobile Home 1 Story 2 Story Multi-Family #:____ Commercial Building Other

Size of Residence/Building in Square Feet: _____

A/C Type and Size: Heat Pump(Tons):_____ Evaporative Cooler(HP):_____ Air Conditioner(BTU):_____

Type of Service Desired (Select one): Underground Overhead

Size of Meter Base (Select one): 100 amp 200 amp 400 amp Multi-Unit #:_____ Other:_____

Service Voltage Desired (Select one): 120 120/240 240/480 120/208 277/480 Other:_____

Please sketch a site plan of the proposed service on the back and indicate the desired meter base location with an "X". Show the location of the home or structure, driveways, roads, property corners, drainfield, and nearest primary pole or padmount transformer. Include lot or parcel dimensions.

The above information is true and accurate to the best of my knowledge.

Signed: _____ **Date:** _____