



City of Jackson

80 West Ashley St

Jackson MN, 56143

## Application For Electric Service

Date \_\_\_\_\_

Service address where work will take place

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Type of work requested (circle)

New Service

Overhead to Underground Conversion

Relocate existing service

Other (please specify) \_\_\_\_\_

Service Load Info:

Voltage \_\_\_\_\_ Amps \_\_\_\_\_ Phase \_\_\_\_\_

Do you have or will you have any of the following generation (circle)

Solar

Wind

Back-up Generation

When do you expect to be ready for Service?

(Install dates are subject to process/inspection and approval)

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Who is applying for service (paying meter fee and usage)

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Who will be the primary contact for this project** (if not the same as above)

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Do you have any additional load details to add or meter location, site specifics, etc.?**

(please feel free to attach any additional electrical service information to this application)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Building Permit No. \_\_\_\_\_ (if applicable)

\_\_\_\_\_

Date \_\_\_\_\_

Applicant's Signature

**Pre-Approval** \_\_\_\_\_

Electric Supervisor

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Final Approval/Work Complete

\_\_\_\_\_

Date \_\_\_\_\_

Electric Supervisor