

Spring City-

Power Upgrade Application

Please return form to Spring City Office 45 South 100 East during regular business hours or email any time.

Name:	Mobile Phone:		Physical AND M	ailing
Email Address:				
Location of Electric Service 1	Upgrade:			
Is the service going from ov	rerhead to underground?		Yes	No
Is the service going from ur	nderground to overhead?		Yes	No
Is the service going to devia	ate from the originally placed meter	?	Yes	No
Is a line extension needed?			Yes	No
Is the current electric servic	e requiring higher amperage?		Yes	No
If yes, please include check	the required amperage:150 a	amp200 amp _	400 amp	
What is the reason for the u	pgrade?			
responsible for payment due	Date:			
responsible for payment due Signature: Office Use Only Description	e at the time of estimation. Date: of Work to be performed:			
responsible for payment due Signature: Office Use Only Description	e at the time of estimation. Date:			
responsible for payment due Signature: Office Use Only Description Materials List and Costs to b	e at the time of estimation. Date: of Work to be performed:	Curr	ent Amperage _	
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