



Brainerd Public Utilities
 8027 Highland Scenic Road
 P O Box 373
 Brainerd MN 56401-0373
 Phone (218) 829-2193
 Fax (218) 829-2308

**ELECTRIC
 SERVICE APPLICATION**

COMMERCIAL

SERVICE ADDRESS _____ DATE _____

BUILDER _____ PHONE _____

ELECTRICAL CONTRACTOR _____ PHONE _____

ESTIMATED COMPLETION DATE OF BUILDING _____

TEMPORARY SERVICE - 1-PHASE OVERHEAD AMPS _____
 3-PHASE UNDERGROUND

BILL TO: _____ PHONE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ADDRESS IF DIFFERENT _____

PERMANENT SERVICE - 1-PHASE 3-PHASE AMPS _____ (OVER 600 AMPS REQUIRES CT'S)

BILL TO: _____ PHONE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS NAME: _____

ELECTRIC HEAT A/C SIGN SIGNAL OTHER _____

ENTER THE NUMBER OF METERS FOR EACH SERVICE TYPE:

APARTMENT BLDG _____ **COMMERCIAL _____ **INDUSTRIAL _____

NUMBER OF APTS _____ **3 PHASE/800 AMPS AND OVER - CONNECTION CABINET REQUIRED

UPGRADE SERVICE - OWNER/BUSINESS NAME _____ AMPS _____

OVERHEAD UNDERGROUND OVERHEAD TO UNDERGROUND

WILL CALL DISCONNECT DATE _____ TIME _____

(48 HRS NOTICE) RECONNECT DATE _____ TIME _____ (AFTER INSPECTION)

THE UNDERSIGNED ACKNOWLEDGES THAT THE ABOVE INFORMATION IS CORRECT AND THAT ALL WORK IS DONE IN COMPLIANCE WITH BPU'S ELECTRIC SERVICE RULES AND REGULATIONS. ANY EXCEPTIONS MUST BE PREAPPROVED.

SIGNATURE _____ DATE _____

METER # _____	OFFICE USE ONLY
DEPOSIT RECEIVED _____	PROJECT # _____
METER # INSTALLED _____	WORK ORDER # _____
TEMPORARY AFFIDAVIT # _____	DATE REC'D _____
PERMANENT AFFIDAVIT # _____	DATE REC'D _____
COPIES TO: <input type="checkbox"/> BILLING <input type="checkbox"/> METER TECH <input type="checkbox"/> DISPATCHER <input type="checkbox"/> ELEC SUPERVISOR <input type="checkbox"/> ENG TECH <input type="checkbox"/> ELEC INSPECTOR	