



RESIDENTIAL MODIFICATION

Line Modification Cover Letter

Dear Member:

Thank you for contacting Inland Power & Light and inquiring about a modification to your existing electric service. We have provided the following checklist to assist you in providing the correct documentation **required** to process your application. Additional information can be found in Inland Power & Light's Electric Service Handbook at www.inlandpower.com.

- ☐ **1. \$250.00 Non-refundable Engineering and Mapping Fee**
We accept cash, check or money order
 - ☐ **2. Completed Line Modification Form**
Enclosed in packet
 - ☐ **3. Member Update Form**
(Current/Previous IPL Member)
 - ☐ **4. Site Plan (use attached sheet if necessary)**
 - ☐ **5. Copy of one of the following legal descriptions: (If applicable)**
 - Recorded warranty deed
 - Schedule A of Final Title Insurance Policy
 - Quit Claim Deed

Please attach to the enclosed easement; this will be used as Exhibit A.
 - ☐ **6. Notarized Easement**
Individual Easement(s) enclosed in packet.
All legal property owners need to sign this document **exactly as their name(s) appear on the property deed**. We have a Notary available.
- When all above requirements are completed (items 1-6), we will process the application and schedule an engineer to meet with you or your designated representative on-site. Item 7 must be provided prior to energizing your service.
- ☐ **7. Electrical Permit and Meter Base Photo**
Electrician to email electrical permit and meter base photo to newservice@inlandpower.com when ready to energize.

Physical Address:
10110 W Hallett Rd.
Spokane, WA 99224

Mailing Address:
PO Box A
Spokane, WA 99219

Email:
newservice@inlandpower.com

Design Dept. Phone:
(509) 252-4564
FAX (509) 789-4229



LINE MODIFICATION/SYSTEM IMPROVEMENT

RESIDENTIAL APPLICATION FEE: \$250.00

Member Information

* ALL FIELDS ARE REQUIRED

* Applicant's Name(s): _____ * Email: _____

* Mailing Address: _____

* Phone Numbers _____ Home _____ Work _____ Cell _____

* Inland Account #: _____

* Schedule on-site engineering appointment with: ☐ Applicant ☐ Contractor

Service Information

Phone Number _____

* Site Address: _____ * Tax Parcel ID#: _____

* City, State, Zip: _____

Gate Code: _____ * County: _____

* Closest IPL pole#/Distance: _____

Building Contractor Information

* Name: _____ * Phone#: _____ * Email: _____

* State Licensed Electrician: _____ * Phone#: _____ * Email: _____

Type of Service Requested

☐ Overhead to underground * Electric Panel Size: ☐ 200 ☐ 400 ☐ Other _____

☐ Relocate

☐ Upgrade Service Size

Comments: _____

☐ Other

I affirm that the above information is correct to the best of my knowledge. I understand that any changes I makes could result in additional costs and delays in the installation of service. **The cost quote for this request expires ninety (90) days from the date of the cost letter.**

Applicant signature

Application date

For office use only

Engineer: _____ Area: _____ Appt: _____

WO# _____

Fee Paid _____

Physical Address:
10110 W Hallett Rd.
Spokane, WA 99224

Mailing Address:
PO Box A
Spokane, WA 99219

Email:
newservice@inlandpower.com

Design Dept. Phone:
(509) 252-4564
FAX (509) 789-4229



RESIDENTIAL MODIFICATION

Signature Page

- The non-refundable engineering and mapping fee is good for ninety (90) days from the date of application. Upon expiration, the application will be closed and the applicant must re-apply.
- The cost quote is valid for ninety (90) days from the date issued.
- All electrical services need to comply with the requirements of IPL Electric Service Handbook, current IPL policies and procedures and all state electrical codes.
- Unusual or unforeseen conditions may increase the project cost substantially. The applicant or member shall solely assume the risk of any and all increased costs resulting from any such unusual or unforeseen conditions. Should such circumstances arise during construction, the applicant will be notified of their options and cost to complete construction.

To the best of my knowledge, information and belief, the information set forth within this application packet including, but not limited to the contribution and aid of construction option, is true, accurate and correct. In the event any such information is later deemed to be inaccurate or incorrect, Inland Power and Light reserves the right to recover the full amount of any resulting increase in costs and/or damages from the Applicant and Applicant agrees to pay the same.

Signature

Date

Signature

Date

For office use only

SO#: _____

WO#: _____

Member#: _____

Service Location: _____

Physical Address:
10110 W Hallett Rd.
Spokane, WA 99224

Mailing Address:
PO Box A
Spokane, WA 99219

Email:
newservice@inlandpower.com

Design Dept. Phone:
(509) 252-4564
FAX (509) 789-4229