NEW SERVICE COVER LETTER

Dear Member:

Thank you for contacting Inland Power & Light and inquiring about a new 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. **The following fee: (We accept cash, check or money order)**
  · $500.00 Non-refundable high density service line fee. Applies to those applying for new residential service in a high density subdivision (a subdivision whose average lot size is less than half an acre).

- [ ] 2. **New service application**

- [ ] 3. **Member Update form**   (existing/prior member)

- [ ] 4. **Service address**
  This can be obtained from your county building/planning department

> **When all above requirements are completed (items 1-4), we will process the application and schedule an engineer to meet with you or your designated representative on-site. Item 5 must be provided prior to energizing your service.**

- [ ] 5. **Electrical permit and meter base photo**
  Electrician to email electrical permit and meter base photo to newservice@inlandpower.com when ready to energize.

Inland Power and Light Company

Member Information   * ALL FIELDS ARE REQUIRED

* Contractor/Applicant Name: _____   * IPL Member #: _____

* Mailing Address: _____

* Email: _____

* Onsite Contact Person: _____   * Cell: _____

Service Location

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

Subdivision: _____   Block/Lot # _____   Gate Code: _____

* Electric Panel Size: ☐ 200   ☐ 400

☐ **Temp Service Request/Desired Service Date:** _____

* Transformer # (Where TML being set): _____

Meter Base Inspection #: _____   Date of Approval: _____

☐ **Perm. Service Request/Desired Service Date:** _____

Ditch open: ☐ Yes   ☐ No

Meter Base Inspection #: _____   Date of Approval: _____

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 three months from the date of the cost letter.**

_____   _____
 Signature   Date

For office use only

WO#_____

Fee Paid:_____