



MULTI-DWELLING COVER LETTER

Dear Applicant:

Thank you for contacting Inland Power and Light and inquiring about a line extension to a multi-dwelling building. 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's Electric Service Handbook at www.inlandpower.com.

- ☐ 1. **\$500.00 Non-refundable Engineering Fee**
We accept cash, check or money order.
- ☐ 2. **Completed Multi-Dwelling application**
Enclosed in packet.
- ☐ 3. **Copy of one of the following legal descriptions:**
 - Recorded Warranty Deed
 - Schedule A of Final Title Insurance Policy
 - Quit Claim DeedPlease attach to the enclosed easement; this will be used as Exhibit A.
- ☐ 4. **Notarized Easement**
Corporate Easement for Washington enclosed in packet. Additional easements are available at www.inlandpower.com or call (509) 252-4564. All legal property owners must sign this document **exactly as it appears on the property deed**. IPL has a Notary available. Any third party easements are the responsibility of the applicant to obtain and submit to Inland Power and Light. Inland Power will assist in the process of providing a blank easement for signature; however it is the applicant's responsibility to work with land owners. All easements will be recorded by Inland Power and Light.
- ☐ 5. **Plat of Project**
 - ☐ Electronic (Auto-CAD format required, email to craign@inlandpower.com)
 - ☐ Paper
 - ☐ Easement area depicted on plat map along with easement dedication language.

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 EXTENSION FOR MULTI-DWELLING

Application Fee
\$500.00

Dear Applicant:

Thank you for contacting Inland Power and Light and inquiring about a line extension to a multi-dwelling building. This form applies when a single structure with multiple dwellings will be served from a multi-meter cluster. An example would be an apartment complex or duplex. **A \$500 Non-refundable Engineering Fee is required to process the application and one form is required for each building.**

Billing Information

Business Name	Primary Phone #	Email	Tax ID	PREVIOUS/ CURRENT IPL MEMBER <input type="checkbox"/>
Mailing Address	City	State	Zip	

Landlord Information

Business Name	Primary Phone #	Email	Tax ID	PREVIOUS/ CURRENT IPL MEMBER <input type="checkbox"/>
Mailing Address	City	State	Zip	

State Licensed Electrician

Name _____

Phone/Email _____

Primary Contact

Name _____

Phone/Email _____

New Service Information

Building Address	City	State	Zip
------------------	------	-------	-----

Complex Name _____

Building # _____ Total Building Units: _____

Number of House Panels Per Building: _____

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 EXTENSION FOR MULTI-DWELLING

Membership Agreement

The undersigned hereby applies for membership in Inland Power & Light Company and in consideration of being accepted as a member, agrees to comply with the cooperative's articles of incorporation, bylaws, rules, regulations and policies adopted by the board of trustees, and other laws or legally binding agreements regarding the cooperative, as they now exist or as hereafter amended.

Thank you!

Credit Information

* ALL FIELDS ARE REQUIRED

* **Company Name:** _____

* **TAX ID#** _____

* **Company Phone Number:** _____

* **Email:** _____

Persons to contact regarding this account

* **Local Representative:** _____

* **Phone Number:** _____

* **Accounts Payable Contact:** _____

* **Phone Number:** _____

* **Business Designation:** ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC
☐ Other (please specify): _____

* **Date business was established:** _____

* **Type of business or service provided:** _____

* **Inland Power membership #:** _____

Print Name

Date

Authorized Signature

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 EXTENSION FOR MULTI-DWELLING CONTINUED

Please Read Before Signing - by signing, you agree to the following terms:

- Upon expiration, the application will be closed and the applicant must re-apply. **This fee is non-refundable.**
- The cost quote is valid for ninety (90) days from the date issued.
- Once all fees are paid, the applicant has ninety (90) days to establish service or the Cooperative will update costs to those in effect at that time.
- All electrical services need to comply with the requirements of the 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 Applicant's knowledge, information and belief, the information set forth within this application packet including, but not limited to, the contribution in aid of construction option, is true, accurate and correct. In the event any such information is later deemed to be inaccurate or incorrect, IPL 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.

Applicant Signature

Date

For office use only

WO#: _____ Engineer: _____ Appointment Date: _____ Member #: _____

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



MEMBERSHIP APPLICATION

Signature Page

I (we) hereby apply for membership in Inland Power & Light Company and in consideration of being accepted as a member, agree to comply with the Cooperative's Articles of Incorporation, bylaws, rules, regulations, and policies adopted by the Board of Trustees, and other laws or legally binding agreements regarding the Cooperative, as they now exist or as hereafter amended.

Signature

Date

Signature

Date

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 EXTENSION FOR MULTI-DWELLING CONTINUED

Please use the table below to list all unit/apartment numbers for the building you are applying for.

This information must be provided before service can be energized. Multiple copies of this page may be printed and filled out if needed.

DUPLEX							
Address							
Unit #				Unit #			
Unit #				Unit #			
Address							
Unit #				Unit #			
Unit #				Unit #			
Address							
Unit #				Unit #			
Unit #				Unit #			
APARTMENTS							
Address							
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	
Unit/Apartment #		Unit/Apartment #		Unit/Apartment #		Unit/Apartment #	

PLEASE RETURN TO:
Inland Power & Light Co.
PO Box A
Spokane WA 99219

FOR COUNTY RECORDING USE ONLY.

PLEASE DO NOT WRITE IN ABOVE SPACE.

Page 1 of 2

IPL Work Order # _____

RIGHT-OF-WAY EASEMENT

KNOW ALL MEN BY THESE PRESENTS, that the undersigned (hereinafter called "Grantor")

Company Name

Name of Authorized Representative

for mutual offsetting benefits which are hereby acknowledged, do hereby convey and grant to INLAND POWER & LIGHT CO., a Washington Corporation (hereinafter called "Grantee") and to its successors, assigns, or permittees, the right, privilege and authority, to install, alter, bury, rephase, energize, chemically treat, operate, move, maintain, and remove electric transmission and distribution facilities, consisting of poles, cables, wires, and all other necessary or convenient appurtenances, to make said facilities an integrated electric system, as such specifications now exist and as hereafter changed in accordance with specifications adopted by the Grantee, to the extent necessary to install and maintain said electric system, which is located upon, under, over, and across the following-described lands and/or in or upon all streets, roads, or highways abutting said lands and premises situated in the County of

_____, State of _____, and more particularly described as follows:

Abbreviated legal description

Attach Exhibit A

Assessor's property tax parcel _____

Grantee, its successors and assigns is also granted the right, privilege, and authority to clear cut 10 feet each side of an overhead conductor and/or cut, remove and trim trees, brush, shrubbery and other obstructions to the extent necessary to keep them clear of said electric line or system and to cut down from time to time all dead, weak, leaning or dangerous trees that are tall enough to strike the wires in falling, or the branches thereof, to chip and spread branches and other foliage and to pile stack logs as necessary alongside the cleared right-of-way: and to license, permit, or otherwise agree to the joint use or occupancy of the line or system by any other person, association or corporation, for electrification, telephone, or communication needs.

It is agreed that areas over buried vaults, cables, and within the right-of-way shall remain free and clear of structures, barriers, building, trees, shrubbery and/or any other physical encumbrances except by written consent of Grantee.

Free access to all facilities over the Grantors adjacent lands will be allowed at all times. Grantee shall not be responsible for loss, replacement or damage of any improvements or other things below, over or upon such easement necessitated by the Grantee's use of this easement.

The Grantor expressly agrees that non-use or limited use of this easement by the Grantee does not demonstrate intent to abandon this easement. Grantee shall retain all rights, privileges, purpose and scope as conveyed and granted within said easement until such time when Grantee expressly notifies Grantor in writing that Grantee is vacating its electric transmission and distribution facilities.

PLEASE DO NOT WRITE IN ABOVE SPACE OR MARGIN.

Page 2 of 2

IPL Work Order # _____

No monetary consideration or consideration of monetary value has been given for the rights conveyed. The undersigned WARRANT that they have the legal right to grant this easement and agree to hold harmless and to indemnify the Grantee for any damages suffered by Grantee should it later be proven that the Grantor did not possess such legal rights. Said lands are free of encumbrances except: _____

IN WITNESS WHEREOF, the undersigned have set their hands and seals this ____ day of _____ 20____.

Authorized Representative's Signature

Authorized Representative's Signature

Authorized Representative's Signature

Authorized Representative's Signature

STATE OF _____ }
COUNTY OF _____ } SS

On this day personally appeared before me

Representative's Name/Printed

Representative's Name/Printed

Representative's Name/Printed

Representative's Name/Printed

to be known to be the individual described in and who executed the within forgoing instrument, and acknowledged that (Circle one) HE SHE THEY signed the same as (Circle one) HIS HER THEIR free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this _____ **day of** _____, **20** _____

Notary Public Signature _____

Notary Public in and for the State of _____ residing at _____

My commission expires _____

Place Notary Stamp Here