135 N Animas Street
PO Box 880
Trinidad, CO 81082

CITY of TRINIDAD
COLORADO

(719) 846-9843
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City of Trinidad Electric Service Permit Application

Service Address:	Date of Application:

Required Services: ( ) New ( ) Existing ( ) Relocation ( ) Removal ( ) Other:			
Bill to:			
Billing Address:	City:	State:	Zip:
Telephone Number:			
Email Address:			
State Electrical Permit # (if applicable):			

Service Type: ( ) Temporary Service ( ) Permanent Service	Phase: ( ) 1 Phase ( ) 3 Phase	Ratio: ( ) CT _____ ( ) PT _____	Voltage:	( ) Overhead ( ) Underground ( ) Overhead to Underground

APPLIANCE	Quantity	1 Phase KW	3 Phase KW	TOTAL KW
Exterior Lighting (kW)				
Interior Lighting (kW)				
Air Conditioning (Tons/kW)				
Water Heater (kW)				
Computers (kW)				
Comfort Heating (kW)				
Receptacles (kW)				
Other (kW) *Explain in summary				
Motor (kW) *Explain in summary				

*Attach separate sheet, if necessary.

I hereby request City of Trinidad to supply electric service to the service address specified above and agree to abide by the rules and regulations set forth by the City of Trinidad Power & Light Department, International Electrical Codes (IEC), International Fire Codes (IFC), International Building Codes (IBC), International Residential Codes (IRC) and Department of Regulatory Public Utilities Commission. I understand that this application for work is not complete nor effective until I have furnished the City Power & Light Department with all necessary detailed electrical load data for the proposed service. In addition, I understand that by signing I am responsible for all costs associated with or that may result result from the requested work, including but not limited to street pavement cuts, removal of any retaining walls, fences, sidewalks, driveways, vegetation, etc., necessary for the completion of the work.

APPLICANT: _____ _____

Signature Date

CITY OF TRINIDAD AUTHORIZED BY:

_____ _____

Power & Light Utility Director Signature Date