

## REQUEST FOR SERVICE

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

BEST TIME TO CALL: \_\_\_\_\_

ARE YOU PRESENTLY A MEMBER OF GLACIER ELECTRIC COOPERATIVE? ☐ YES ☐ NO

ACCOUNT NAME(S): \_\_\_\_\_ ACCOUNT NUMBER(S): \_\_\_\_\_

ARE ALL OF YOUR ACCOUNTS CURRENT? ☐ YES ☐ NO

REQUEST FOR: ☐ METER ☐ TURN ON ☐ TURN OFF  
☐ NEW SERVICE ☐ ADDITIONAL SERVICE  
☐ SECURITY LIGHT ☐ REMOVAL OF SERVICE OR LIGHT  
☐ OTHER *please specify* \_\_\_\_\_

PURPOSE OF SERVICE: \_\_\_\_\_

PRIMARY HEAT SOURCE: \_\_\_\_\_ SECONDARY HEAT SOURCE: \_\_\_\_\_

VOLTAGE REQUIRED: ☐ 120/240 ☐ 120/208 ☐ 240/480 ☐ 277/480 ☐ 3 WIRE ☐ 4 WIRE

ESTIMATED LOAD: \_\_\_\_\_ KW OR AMPS ☐ HEATING, ☐ COOLING, ☐ MOTOR(S), ☐ OTHER

NUMBER OF MAIN BREAKER DISCONNECTS: \_\_\_\_\_ MAIN BREAKER SIZE: \_\_\_\_\_ AMPS

LOCATION: TOWNSHIP \_\_\_\_\_, RANGE \_\_\_\_\_, SECTION \_\_\_\_\_, QUARTER \_\_\_\_\_

ALLOTMENT NUMBER: \_\_\_\_\_

DRIVING DIRECTIONS: \_\_\_\_\_

LAND STATUS: ☐ FEE ☐ ALLOTTED ☐ TRIBAL ☐ HOMESITE ☐ COMBINATION ☐ OTHER  
*If other, please describe* \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU MAY HAVE, INCLUDING: MAPS, SURVEYS, LEASE INFORMATION, DEEDS, ETC. TO FACILITATE RIGHT OF WAY APPLICATIONS AND CONTRACTS.