

## ROCHESTER PUBLIC UTILITIES SERVICE APPLICATION

## **RESIDENTIAL**

4000 E RIVER RD NE · ROCHESTER, MN 55906-2813

PHONE: (507) 292-1232 · FAX: (507) 280-1681 · TOLL FREE: 1-800-778-3421 · NewService@rpu.org RPU'S RULES AND REGULATIONS BOOK IS AVAILABLE ONLINE AT <a href="https://www.rpu.org/construction-center.php">www.rpu.org/construction-center.php</a>

	C	CUSTOMER INFOR	MATION		
ASSIGNED ADDRESS					
(From Olmsted County) SUBDIVISION				BLOCK	LOT
PARCEL OWNER				PHONE	
BUILDING CONTRAC				PHONE	
ELECTRICAL CONTRA	ACTOR			PHONE	
<ul><li>Outside City</li><li>The address location and</li></ul>	n: .imits: Electrical inspectio Limits: Electrical inspecti of the location to be sup on the temporary pedes mporary service** RPU F	on is required by Stat plied with temporary tal/meter location an	te of Minnesc service must Id be easily re	ta (507) 250-3894. be permanently dis	played at the
		TEMPORARY SE	RVICE		
OVERHEAD	☐ UNDEF	RGROUND		AMP	S
REMOVE TEMPORA	RY METER WHEN PERMA	ANENT METER IS SET:	☐ Yes	☐ No	
	count Setup (plus tax) ineering (507) 292.1216 f	for information regard	ding power av	vailability and acces	sibility
		PERMANENT SE	RVICE		
	Following ir	nspection, contact RP	U for service	connection. AMP	S
☐ SINGLE FAMILY ☐ MOBILE HOME ☐ EV TIME-OF-USI *Requires Addition ☐ OTHER - specify	CONDOMINIUM  E (TOU)  nal Meter Socket	☐ AIR SOURCE H☐ GROUND SOU☐ ELECTRIC HEA☐ FORCED AIR H☐ 240 VOIT EV CH	IRCE HEAT PU T (Baseboard IEAT (Gas)	, etc.)	
		REWIRE OR RE	PAIR		
RESIDENT'S NAME				PHONE:	
OVERHEAD	UNDERGROUND	OVERHEAD TO UND	ERGROUND (	Contact Engineering)	AMPS
METER PULL ONLY:	☐ Yes ☐ No	☐ ADDING 240	volt EV OUT	LET(S) (Contact Engine	eering) QTY
DISCONNECT DATE:			RECONNEC	T: ASAP after in	spection is received
DISCONNECT TIME:	(WITH	HIN 2 HOURS)		☐ Will call to so	hedule
		OR			
DISCONNECT/RECO	NNECT - SINGLE TRIP AFT	TER INSPECTION: DA	ATE:	APPROXIMATE	TIME:
	,	ACCOUNT INFORM	MATION		
Account will be	e set up in the applicant's	name and applicable	fees will be	applied. A deposit r	may be required.
NAME:				PHONE:	
BUSINESS NAME: _				PHONE:	
ADDRESS:		CITY:		STATE:	
TAX ID:					
	CKNOWLEDGES THAT THE A SERVICE RULES AND REGUL ED SERVICE.				
SIGNATURE				DATE	