

SAN MIGUEL POWER ASSOCIATION, INC.

NEW CONSTRUCTION/UPGRADE ENGINEERING REQUEST

ALL fields are required. The completed form **must** be returned to SMPA before an estimate can be provided

SMPA's Construction handbook can be viewed at www.smpa.com - Account Services

SECTION 1: CONTACT INFORMATION - Party Responsible for estimate PAYMENT

NAME			DATE
MAILING ADDRESS			
HOME	CELL	FAX	EMAIL
IF CONTACT IS A BUSINESS - CONTACT PERSON		SEND ESTIMATE BY: <input type="checkbox"/> MAIL <input type="checkbox"/> E-MAIL <input type="checkbox"/> FAX	
CONTRACTOR		CONTACT PERSON/PHONE NO.	
ELECTRICIAN		CONTACT PERSON/PHONE NO.	

SECTION 2: SITE INFORMATION

SITE NAME/PROPERTY OWNER		LOT/PARCEL NO.	
SITE ADDRESS/LOCATION		CITY	COUNTY
DEVELOPMENT TYPE: <input type="checkbox"/> SINGLE FAMILY HOME <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> APARTMENT BLDG		<input type="checkbox"/> URBAN	
<input type="checkbox"/> MODULAR HOME <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> OTHER(DESCRIBE) _____		<input type="checkbox"/> RURAL	
LEGAL DESCRIPTION TOWNSHIP _____ RANGE _____ SECTION _____ SUBDIVISION _____			

SECTION 3: PROJECT INFORMATION - CHECK APPLICABLE

SERVICE REQUESTING: <input type="checkbox"/> NEW SERVICE <input type="checkbox"/> SERVICE UPGRADE <input type="checkbox"/> RELOCATE FACILITIES <input type="checkbox"/> OTHER _____		DESCRIBE
SERVICE SIZE: <input type="checkbox"/> 1PH <input type="checkbox"/> 3PH	SERVICE TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> IRRIGATION	
		<input type="checkbox"/> UNDERGROUND <input type="checkbox"/> OVERHEAD
LOAD INFORMATION: <input type="checkbox"/> 200 AMPS <input type="checkbox"/> 400 AMPS <input type="checkbox"/> OTHER AMPS _____		SQ.FOOT

DESPRIPTION OF PROJECT:

SECTION 4 :METER INFORMATION -

METER TYPE NEEDED: <input type="checkbox"/> SINGLE <input type="checkbox"/> DUAL <input type="checkbox"/> MULTIPLE <input type="checkbox"/> CONSTRUCTION TEMPORARY	NO. OF METERS
If a meter is required, a Meter Application Form MUST be filled out and returned with this form.	
METER NUMBER OR ACCOUNT NUMBER If this is an ACTIVE account _____	PARTY RESPONSIBLE FOR ELECTRIC BILL _____

This request is an official notice to SMPA, INC to begin all the needed steps to provide you with electrical service. If any of the above information is changed you may be responsible for additional charges related to engineering, construction, or other aspects of providing service. If there is a lack of progress or inactivity on your project and this project is canceled by you or by SMPA, you may be responsible for paying SMPA actual costs incurred up to the time of cancellation.

PRINT AUTHORIZED NAME	AUTHORIZED SIGNATURE	DATE
-----------------------	----------------------	------

MAILING OPTIONS : MAIL E-MAIL FAX

SAN MIGUEL POWER ASSN. ATTN: TAMMI MAGALLON PO Box 817 Nucla, Co 81424 tammi@smpa.com Ph 970-864-7311 x116 Fax 970-864-7423 Office Hrs: Mon - Thurs 7 AM - 5:30 PM	SVO #	FEE: ATC _____
	PID	FR _____
	CNTY TAX/DIRECTOR DISTRICT	XFMR _____
		CONNECT _____
		DEPOSIT _____
	TOTAL	_____