

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/BLOCK/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 _____			
Has there ever been service to the property ? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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 <input type="checkbox"/> BOTH	
LOAD INFORMATION: <input type="checkbox"/> 200 AMPS <input type="checkbox"/> 400 AMPS <input type="checkbox"/> OTHER AMPS _____	PRIMARY HEAT SOURCE: <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER	
SQ.FOOTAGE IF PROJECT IS A NEW BUILD:		
DESPRIPTION OF PROJECT: Please include any additional loads (On Demand Water Heaters, Car Chargers, etc.)		

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
REMINDER To Check Construction Temp if you are going to need power for construction.		
*METER NUMBER OR ACCOUNT NUMBER If this is an ACTIVE account	NAME ON ACTIVE BILLING ACCOUNT	

SECTION 5 : AUTHORIZATION OF REQUEST

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. Any costs associated with relocating facilities will be charged to the active account listed on this form. 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
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PLEASE CONTINUE TO SECTION 6 ON THE BACK OF THIS FORM

SECTION 6: APPLICATION AND MEMBERSHIP - Billing Account Set UpThis section **MUST** be filled out for **New Sevcies - Construction Temp - Upgrades on Inactive Accounts**

PRIMARY CONTACT : __ INDIVIDUAL __ ORGANIZATION	NAME OR ORGANIZATION NAME :
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MAILING ADDRESS	
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IF PRIMARY CONTACT IS A ORGANIZATION :	SPOUSE OR CO-APPLICANT:
BUSINESS REP	OWNER

E-MAIL ADDRESS:

PHONE NUMBERS:	HOME	BUSINESS	MOBILE	FAX
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DATE OF BIRTH:	DRIVER'S LICENSE:	STATE:
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ADDITIONAL CONTACT: __ INDIVIDUAL __ ORGANIZATION	NAME OR ORGANIZATION NAME :
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DATE OF BIRTH:	DRIVER'S LICENSE:	STATE:
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PHONE NUMBERS:	HOME	BUSINESS	MOBILE	FAX
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E-MAIL ADDRESS:

The Applicant(s) agree to be responsible for the electric charges at the location designated below until such time that the Applicant(s) request in writing a discontinuance of service. It is agreed that all bills will be paid by the appropriate due date and failure to do so may result in discontinuance of service. This application for electrical service shall constitute a service contract between the Applicant(s) and the Association. The Applicant(s) agree to be bound by the Rules and Regulations of the Association. In the event that this application is not signed, it is agreed that the Applicant(s) use of electric service shall constitute a service contract just as though the application were signed. Applicant(s) agree to pay court costs, reasonable attorney's fees, and all collection costs if in default of this agreement. Applicant(s) agree that a facsimile of the original will be considered as valid as the original. The Consumer assumes all responsibility on the Consumer's side of the point of delivery for service supplied or taken, as well as for the electrical installation and appliances used in connection with such service and will indemnify, save harmless and defend the Association against all claims, demands, cost or expense, for loss, damage to or injury to persons or property, in any manner directly or indirectly connected with, or growing out of, the transmission or use of electric service, by the Consumer, at or on the Consumer's side of the point of delivery. San Miguel Power Association is not liable for any damage to the Consumer's electronic equipment. Point of Use surge protection should be installed to protect these

SERVICE START DATE:	SIGNATURE:
_____	_____ (All applicants must sign)
SIGNATURE:	SIGNATURE:
_____ (All applicants must sign)	_____ (All applicants must sign)

If you would like to have your monthly bill automatically paid by either a Bank Draft or Credit Card Draft please contact your local office for details.



All new accounts are automatically enrolled in SMPA'S Green Cents Roundup Program.
For information on the Green Cents Roundup program and/or to opt out of this program please contact our office.

MAILING OPTIONS : MAIL E-MAIL FAX	FOR SMPA USE ONLY	
SAN MIGUEL POWER ASSN. ATTN: TAMMI MAGALLON PO Box 817 Nucla, Co 81424 planning@smpa.com PH 970-864-7311 x116 FAX 970- 864-7984 Office Hrs: Mon - Thurs 7 AM - 5:30 PM	SVO #	FEES: ATC _____
	CUSTOMER #	FR _____
	SERVICE INFORMATION	XFMR _____
		CONNECT _____
		DEPOSIT _____
This institution is an equal opportunity provider and employer.		