



Public Utility District No. 1 of Jefferson County
New Service – Electric Service Worksheet
Single-Family Residential – FORM 201E

I NEED: ☐ Temporary Electric Service or ☐ Permanent Electrical Service

PROJECT INFORMATION:		
Project Name:		Parcel #:
Project Address:		
Mailing Address (If different from Service Address):		Phone No.:
City:	State:	Zip Code:
Fax No.:		
Within City Limits? <input type="checkbox"/> YES <input type="checkbox"/> NO		Construction Start Date: Desired Service Date:

Contractor:	Contact Name:
Phone No.	Email:

TEMPORARY SERVICE INFORMATION:	
Type of Service: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Remote Temporary	Desired Service Date:

PERMANENT SERVICE INFORMATION:	
Type of Service: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground	Desired Service Date:
Are there any existing power facilities that will require relocation? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES Please Describe:

LOAD INFORMATION:	
Square Footage:	Additional Out Buildings? <input type="checkbox"/> YES <input type="checkbox"/> NO If you want separate metering please fill out a separate application.
Electric Panel Size: <input type="checkbox"/> 200 AMPS <input type="checkbox"/> 320 AMPS <input type="checkbox"/> 400 AMPS <input type="checkbox"/> OTHER _____	

Use the space below to draw an approximate site plan:

(Please include building locations, transformer & meter base locations, distances, lot dimensions, and any other pertinent features.)

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This application is official notice to PUD #1 of Jefferson County to begin the needed steps to provide you with new 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 inactivity or lack of progress on your project and this project is canceled by you or by PUD #1 of Jefferson County, you will be responsible for paying PUD #1 of Jefferson County actual costs incurred up to the time of cancellation. Any questions or concerns please call 360-385-5800.

Print Authorized Name: _____ Authorized Signature: _____ Date: _____

Please return completed & signed application (along with FORM 101A):

By Mail to: 310 Four Corners Road, Port Townsend, WA 98368

In Person To: 310 Four Corners Rd, Port Townsend, WA 98368

Fax to: 360-385-8373

Updated BG11/17/16

