

ORCAS POWER & LIGHT COOPERATIVE APPLICATION FOR NEW OR ALTERED SERVICE

PLEASE FILL OUT BOTH SIDES OF THIS APPLICATION

New Service Altered Service

Applicant _____ Date _____

Work Phone _____ Home Phone _____ E-Mail _____

Mailing Address _____ City _____ State _____ Zip _____

Physical (911 or Street) Address of New Service _____

Nearest Known Power (i.e. neighbor, OPALCO facility #) _____

Applicant's Representative _____ Phone _____

The signature below authorizes the applicant's representative to act on owner's behalf:

Owner Signature _____ Date _____

Electrical Contractor _____ Phone _____

Trenching Contractor _____ Phone _____

Are you an Owner/Builder? Yes No ***Please refer to the OPALCO Facility Installation Specifications***

Are you currently a member of OPALCO? Yes, Account # _____ No, *Please fill out Membership*

Is this a Commercial Account? Yes No Type (*be specific*) _____

If yes, see the reverse side of this application.

Is this a Residential Account? Yes No Type: House Mobile/Manufactured Home

Sq. Ft. _____ Other: Well Pump Out Buildings w/Power Sq. Ft. _____

LOAD INFORMATION - OPALCO RESERVES THE RIGHT TO REQUIRE LOAD CALCULATIONS

The following information is needed so that we may properly size the equipment that we install to serve you.

For an altered service list the information for the added load.

Heat Source: Electric Propane Other _____ Solar: _____ (size of array)

Type of Electric Heat: Baseboard Heat Pump Force Air Furnace Other _____

Kitchen Oven/Burner: Electric Propane Clothes Dryer: Electric Propane

Water Heater: # of Water Heaters _____ Electric Propane On Demand Electric

Misc Loads: Hot Tub Sauna Pool Kiln Welder Yard Light Other _____
 EV Charger _____ (type of charger)

ELECTRICAL SERVICE: 200 AMP 400 (2-200) AMP 400 AMP 600 AMP



OPALCO's Project PAL Program awards grants to members who qualify for assistance in paying their power bill. Would you like to round-up your monthly bill to the next whole dollar and contribute to Project?

Yes No Initials _____

If you have other OPALCO accounts, would you like to round-up those also?

Yes No Initials _____

**THIS IS REQUIRED INFORMATION FOR ANY NEW SERVICES INVOLVING THE
INSTALLATION OF OPALCO PRIMARY FACILITIES:**

Tax Parcel Number(s): _____

Legal Owner(s) as shown on deed and/or Signators Name(s) and Title(s) if ownership is under an LLC,
Trust or Corporation: _____

- ATTACH FULL LEGAL DESCRIPTION OF ALL INVOLVED PROPERTIES (This can be found on your most recent title report, the SJ County Assessor's Website, or at your local title company.)
- ATTACH SITE PLAN THAT SHOWS: (Site plan submitted for building permit is a good source, but must show the following listed items.)
 - BUILDING SITE(S)
 - OUT-BUILDINGS AND ANY OTHER FACILITIES NEEDING POWER
 - EXISTING UTILITIES (POWER, WATER, PHONE, TV)
 - ROADWAYS, DRIVEWAYS, FENCES
 - PROPERTY MONUMENTS & CORNERS, ANY EXISTING EASEMENTS OR RIGHTS-OF WAY

MULTI-OCCUPANT, COMMERCIAL AND/OR 3-PHASE SERVICE

- ATTACH THE PLAT DRAWINGS THAT WERE SENT IN FOR APPROVAL TO THE REGULATING AGENCY
- CONTACT THE OPALCO ENGINEER OF YOUR DISTRICT SO THAT WE MAY PROPERLY SIZE THE EQUIPMENT TO SERVE YOU
- SUBMIT ELECTRICIAN PROVIDED LOAD CALCULATIONS

How many units will you be providing electrical service to? _____

Square footage of each unit? _____ Service entrance size for each metered unit: _____ AMP

Describe Project in Detail: (attach sererate sheet if necessary) _____

THIS APPLICATION WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS PROVIDED

FOR OPALCO USE ONLY:	SASN: _____	ACCOUNT #: _____
Easement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Meter Set Only: <input type="checkbox"/> Yes <input type="checkbox"/> No
OPALCO Location #: _____		CIAC Sent: _____

Revised 3/5/07