



Existing Service Request

Have you had an account with Grays Harbor PUD No.1? Yes No

P.U.D. FEAS No.

Please also fill out the Residential or Commercial Application.

Date Received

This application must be completely filled out to process your application and provide you service. Please complete all sections applicable to your installation. Applications can be mailed to Grays Harbor PUD No. 1, PO Box 480, Aberdeen, WA 98520, faxed to (360) 538-6370, or submitted in person at 2720 Sumner Ave., Aberdeen, WA or any pay station Questions? Call (360) 532-4220 or 1-800-562-7726.

Received by

Service Address		City	Zip Code
Customer/Tenant Name		Home Phone	Work or Cell Phone
Mailing address for billing			
City	State	Zip Code	
DBA			
Owner/Landlord Name (if different than Customer)		Home Phone	Work or Cell Phone
Electrical Contractor Name			Contractor Phone

<input type="checkbox"/> Safety Inspection (Service has been disconnected/off for more than 1 Year) (Requires a "Wiring OK" from the appropriate authority, prior to reconnection of service)		Meter # of Service Requiring Application (6 Digit Number)	
<input type="checkbox"/> Rate Schedule Change			
<input type="checkbox"/> Remove Meter & Service (Permanently remove meter a service wire)		Reason	
<input type="checkbox"/> Added Load (Adding load to current service)	New Load (kw)	Type	Previous Load (kw) If adding Head Pump, LRA Ton
(Requires a "Wiring OK" from the appropriate authority)			
<input type="checkbox"/> Relocate Service Equipment (Move service equipment to new location)			
<input type="checkbox"/> Temporary Disconnect Required		Date Desired for Disconnect	
<input type="checkbox"/> Convert from OH to UG		Trenching By	
(Requires a "Wiring OK" from the appropriate authority, prior to reconnection of service)			
<input type="checkbox"/> Replace / Upgrade Service Equipment (Replace and/or upgrade service equipment at current location)			
<input type="checkbox"/> Temporary Disconnect Required		Date Desired for Disconnect	
Replacing <input type="checkbox"/> Meter Base <input type="checkbox"/> Mast	New Size	Existing Size	
(Requires a "Wiring OK" from the appropriate authority, prior to reconnection of service)			

This request expires 12 months from the date of application. I affirm that the above information is correct to the best of my knowledge. I also understand that any changes I make will increase the time required for PUD to provide service and I might be liable for additional cost.

Signature	Date
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