



REQUEST FOR ELECTRICAL POWER

POWER WILL NOT BE TURNED ON IF THIS FORM IS NOT COMPLETE OR IF THE STRUCTURE AND/OR PROPERTY DOES NOT MEET THE BUILDING CODES OR CITY OF BILOXI ORDINANCES

DATE: _____

TENANT INFORMATION

NAME: _____
(LAST) (FIRST)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER or AGENT INFORMATION

NAME: _____
(LAST) (FIRST)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

<input type="checkbox"/> APPROVED
<input type="checkbox"/> DISAPPROVED
<input type="checkbox"/> PERMANENT
<input type="checkbox"/> TEMPORARY DAYS _____
<input type="checkbox"/> CUT-IN
DATE: _____
OFFICE USE ONLY