REQUEST FOR ELECTRICAL POWER

DATE: _____

APPLICANT INFORMATION

NAME: _____
(LAST) (FIRST)

ADDRESS OF SERVICE:_____

CITY: _____STATE: _____ZIP: _____

OWNER or AGENT INFORMATION

NAME: _____
(LAST) (FIRST)

ADDRESS: _____

CITY: _____STATE: _____ZIP: _____

PHONE: _____

POWER MUST BE OFF MORE THAN A YEAR BEFORE THE CITY INSPECTS

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