



Commissioner Joe O'Leary

Commissioner Shan Rowbotham

Commissioner Paul Rogers

NEW SERVICE APPLICATION FORM – To Be Completed by Applicant

Name of Applicant		Name of Agent/Contractor for Applicant	
Property Address	City	State	Zip
Account Billing Address	City	State	Zip
Current Mailing Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	Agent Phone
Email* Address	Employer	Driver's License #	

Select all that Apply:

Current Customer (Acct # _____) Former Customer New Customer

Auto Pay ACH Auto Pay Debit/Credit Card Ruralite Magazine

Property Owner Renter/Tenant Name of Landlord: _____

Billing Deposit Billing Letter of Credit PUD Office Approval _____

Electronic statements-email* required (unless paper statement requested) Paper Statement

A \$300 deposit may be required to establish your billing account. Please contact the office for other options, such as a letter of credit.

CONSTRUCTION REQUEST INFORMATION – To Be Completed by PUD

Physical Address: _____

Tax Parcel No.: _____

Service Requested:

- | | |
|--|---|
| <input type="checkbox"/> Residential – Service (Less than 250') | <input type="checkbox"/> Rate Schedule: _____ |
| <input type="checkbox"/> Residential – Primary Extension | |
| <input type="checkbox"/> RV Service | |
| <input type="checkbox"/> Commercial (UBI No. Required) | <input type="checkbox"/> UBI No.: _____ |
| <input type="checkbox"/> Primary – Extension | <input type="checkbox"/> BSN Permit # (if required) |
| <input type="checkbox"/> Platted Development (Copy of Plat Required) | <input type="checkbox"/> Plat Name: _____ |
| <input type="checkbox"/> Irrigation Rate _____ | |

Voltage Required: Phase: _____ Voltage: _____ Wire: _____

Service Size: 100 A: _____ 200A: _____ 320A _____ Other: _____

Metering:

- Temporary Service Permanent Service Residential Generation (net) CT Metering (____:____)
- Overhead Underground Demand Pole Pedestal Building Primary



*****COST ESTIMATE TO BE COMPLETED BY KITTITAS PUD*****

Work Order No. _____ Location No. _____ Date: _____

Charges:	Estimate	Customer Deposit
Application Fee	\$75	_____
Billing Account – Deposit	TBD by Finance Dept.	_____
Engineering Design Deposit (if required)	\$500 Deposit*	_____
Secondary Service (600V or less)	Estimated Actual Cost	_____
Primary Line Extension (Greater than 600V)	Estimated Actual Cost	_____
Alteration of Existing Facilities	Estimated Actual Cost	_____
Primary Line – Plat	Estimated Actual Cost	_____
Other: _____	Estimated Actual Cost	_____

Estimate Approval: _____ Date: _____ TOTAL DEPOSIT \$ _____

*Applicant will be responsible for actual engineer design fees in excess of the deposit.

By signing this estimate you are acknowledging that this is an ESTIMATE ONLY and that any costs above and beyond this estimate will be the responsibility of the customer.
 By signing this estimate you are acknowledging that you have received the District's specification sheets and will adhere to the standards. Additional costs may be incurred if the standards are not followed.

 Applicant/Customer

DATE: _____