

HIGH DENSITY - EXISTING

our mission is our members



Dear Member:

Thank you for contacting Inland Power & Light and inquiring about a new electric service. We have provided the following checklist to assist you in providing the correct documentation **required** to process your application. Additional information can be found in Inland Power & Light's Electric Service Handbook at www.inlandpower.com.

- 1. The following fee: (We accept cash, check or money order)**
 - \$500.00 Non-refundable high density service line fee. Applies to those applying for new residential service in a high density subdivision (a subdivision whose average lot size is less than half an acre).

- 2. New service application**

- 3. Member Update form** (existing/prior member)

- 4. Service address**
This can be obtained from your county building/planning department

- 5. Electrical permit and meter base photo (Not required until service is ready to be energized)**
Electrician to email electrical permit and meter base photo to newservice@inlandpower.com when ready to energize.

Physical Address:
10110 W Hallett Rd.
Spokane, WA 99224

Please mail application to:
PO Box A
Spokane, WA 99219

Email:
newservice@inlandpower.com

Design Dept. Phone:
(509) 252-4564
FAX (509) 789-4229

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Member Information

* ALL FIELDS ARE REQUIRED

* Contractor/Applicant Name: _____ * IPL Member #: _____

* Mailing Address: _____

* Email: _____

* Onsite Contact Person: _____ * Cell: _____

Service Location

* Service Address: _____ * Tax Parcel ID#: _____

Subdivision: _____ Block/Lot # _____ Gate Code: _____

* Electric Panel Size: 200 400

Temp Service Request/Desired Service Date: _____

* Transformer # (Where TML being set): _____

Meter Base Inspection #: _____ Date of Approval: _____

Perm. Service Request/Desired Service Date: _____

Ditch open: Yes No

Meter Base Inspection #: _____ Date of Approval: _____

I affirm that the above information is correct to the best of my knowledge. I understand that any changes I makes could result in additional costs and delays in the installation of service.

Signature

Date

For office use only

WO# _____

Fee Paid: _____

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