

HIGH DENSITY - NEW

our mission is our members



Dear Applicant:

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. New member information form**
- ☐ **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

Phone:
(509) 747-7151
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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The undersigned hereby applies for membership in Inland Power & Light Company and in consideration of being accepted as a member, agrees to comply with the cooperative's articles of incorporation, bylaws, rules, regulations and policies adopted by the board of trustees, and other laws or legally binding agreements regarding the cooperative, as they now exist or as hereafter amended.

Thank you!

Credit Information

* ALL FIELDS ARE REQUIRED

* **Company Name:** _____

* **Phone Number:** _____

* **Company Phone Number:** _____

* **Email:** _____

Persons to contact regarding this account

* **Local Representative:** _____

* **Phone Number:** _____

* **Accounts Payable Contact:** _____

* **Phone Number:** _____

* **Business Designation:** ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC

Tax ID#: _____

* **Date business was established:** _____

* **Type of business or service provided:** _____

* **Inland Power membership #:** _____

Print Name

Date

Authorized Signature

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