



ELECTRIC SERVICE APPLICATION

[ ] NEW TEMPORARY [ ] PERMANENT [ ] ADDITIONAL [ ] RESTORATION [ ] SEPARATION
[ ] RE-INSTALLATION [ ] CHANGE OF VOLTAGE

UNDER THE PROVISIONS OF THE PUBLIC UTILITY ACT, 1973

Name of Applicant: (Print) \_\_\_\_\_

Social Security #: \_\_\_\_\_

Present Address: (Print) \_\_\_\_\_

Tel #: \_\_\_\_\_

Employer Name: (Print) \_\_\_\_\_

Tel #: \_\_\_\_\_

Address: (Print) \_\_\_\_\_

Fax #: \_\_\_\_\_

Bank's Name: (Print) \_\_\_\_\_

Tel #: \_\_\_\_\_

Address: (Print) \_\_\_\_\_

Fax #: \_\_\_\_\_

Present Electricity A/c # \_\_\_\_\_

Was the property previously serviced with electricity? [ ] Yes [ ] No.

If yes Ac# \_\_\_\_\_

Address where service is required: \_\_\_\_\_

Block & Parcel # \_\_\_\_\_

Uses of Premises: [ ] Domestic [ ] Commercial [ ] Industrial Sheet# \_\_\_\_\_

I/We hereby make application for Electricity service to the premises noted below of which I am the Owner/Lessee/Tenant\* and to be connected to and supplied with Electricity from the Authority electricity supply.

I/We hereby agree to pay all charges and costs in respect of this service and applicable rates and abide by the Ordinances, Rules and Regulations approved by the authority.

I/We agree to settle the account promptly on presentation of the bills and that my/our account can be closed at any time if these bills become overdue.

I/We authorize you to contact those above for references. I/We are willing to pay a deposit. I/We understand that on closing this account the deposit will be repaid without interest. I agree that the Antigua Public Utilities Authority will not be responsible for any damage occasioned by low or high voltage or by reason of any damage resulting where the wiring on the customer's premises fails to conform to the National Electric Code.

Date of Development Control Authority application No.

Note: If you are not the owner of the premises described above, then before the connection is made, the owner's approval must be received and the attached certificate must be signed accordingly.



**CERTIFICATE**

I certify that I am the owner of the premises described in the above application and agree to having an electricity supply connected thereto and to be responsible to the APUA for any amounts de and owning by the applicant.

Owner of Premises (print): \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Tel #: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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(To be filled by Electrical Contractor)

Name of Electrical Contractor (print) \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ License #: \_\_\_\_\_ Tel #: \_\_\_\_\_

Voltage Required: \_\_\_\_\_

No. of Phase: \_\_\_\_\_

No. of Lighting Points: \_\_\_\_\_

No. of Plug Points: \_\_\_\_\_

Electrical Cooking: \_\_\_\_\_watts

Electrical Water Heater: \_\_\_\_\_watts

Electrical Refrigeration: \_\_\_\_\_watts

Electric Motors: \_\_\_\_\_

Total Installed H.P.: \_\_\_\_\_ for 400 volts operation

Electric Motors: \_\_\_\_\_

Total Installed H.P.: \_\_\_\_\_ for 230 volts operation

Electric Motors: \_\_\_\_\_

Total Installed H.P.: \_\_\_\_\_ for 110 volts operation

Any Other Electric Apparatus: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**N.B.** This form must be completed in quadruples (4).

Must be submitted to APUA with (i) Driver's License/Passport (ii) DCA approval stamp (iii) \$10.00 Inspection fee.

**A Temporary service is issued for 90 Days for Building Purpose.**

If time is expired and you are not ready for permanent supply please contact the Authority for an extension of time to avoid disconnection.



**SUPPLY CHARACTERISTICS  
ST. JOHN'S AREA & ENVIRONS**

230 volts between phase and neutral, 60 cycles  
HODGES BAY, CEDAR GROVE, PARHAM, ETC. AREAS  
Single phase, 3 wire, 110/220 volts 60 cycles  
Special Voltages may be available by negotiation  
Subject as regards voltage to a permissible variation of +/- 6%  
and as regards frequency to a permissible variation of +/- 1.5%

**FOR OFFICE USE**

**FIRST STAGE**

1. Application Received Date

2. First Inspection Fee \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Date First Inspection: \_\_\_\_\_ Passed/Rejected \_\_\_\_\_

3. Second Inspection Fee \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Date Second Inspection: \_\_\_\_\_ Passed/Rejected: \_\_\_\_\_

If rejected state grounds for rejection and also if the defect has been brought to the notice of the Applicant.

4. Total length of service line wire required: \_\_\_\_\_ ft

5. Type of service line wire required: \_\_\_\_\_

6. Inspector's Signature: \_\_\_\_\_

**SECOND STAGE**

1. Free issue of service line wire: \_\_\_\_\_ ft

2. Cost of extra service line wire: \_\_\_\_\_ ft @ \$ \_\_\_\_\_ per ft=\$ \_\_\_\_\_

3. Connection Fee \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

4. Date total paid: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Service Order No: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

6. Amps \_\_\_\_\_ Phase \_\_\_\_\_ Volts \_\_\_\_\_ Meter No \_\_\_\_\_

7. Connection - Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Meter Sealed [ ] Yes [ ] No

8. Meter sealed by: Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

9. Account No: \_\_\_\_\_ Tariff: \_\_\_\_\_

10. Remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Collection Supervisor  
Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_