



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: ____/____/____

(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: _____ / _____ / _____