



ELECTRICITY SERVICE APPLICATION FORM

Name of Applicant: _____ Current Address: _____

Email Address: _____ Contact #: _____

Current Electricity Location ID #: _____

Service address: _____

Block & Parcel #: _____ Service Application #: _____ DCA Application #: _____

Kindly provide current approved Block & Parcel survey drawing

Previous electricity service? Yes No If yes, Location ID #: _____

New: _____ Re-Installation: _____ Other: _____

- Temporary <input type="checkbox"/>	- Temporary <input type="checkbox"/>	- Separation <input type="checkbox"/>
- Permanent <input type="checkbox"/>	- Permanent <input type="checkbox"/>	- Change of Voltage <input type="checkbox"/>

Use of premises: Domestic Commercial Industrial

I/We hereby apply to the **Antigua Public Utilities Authority** (hereinafter referred to as APUA) for electricity service at the premises noted above, of which I am the **owner/lessee/tenant**. I/We request to be connected to and supplied with electricity from the Authority's system.

I/We agree to pay all charges, costs, and applicable rates for this service, and to **abide by the ordinances, rules, and regulations approved by APUA**. I/We will promptly settle all accounts upon presentation of the bills and understand that my/our service may be **discontinued at any time** if these bills become overdue.

I/We agree that **APUA will not be responsible** for any damage caused by switching activities on the Power grid or for any damages resulting from the wiring on the customer's premises **failing to conform to the National Electric Code**. Customers are advised to protect sensitive equipment to prevent damage to these equipment during switching activities on the Power Grid. Some switching activities (de-energization) are necessary to protect life and property during faults on the network and also to maintain system stability during certain trip operations, e.g. a Generator tripping off line. Other switching activities (re-energization) are necessary to restore power to customers after an outage. Switching activities are normal on any power grid.

Signature of applicant: _____ Date: _____

Signature of Witness: _____ Date: _____

Certificate

I certify that I am the lawful owner of the premises described above and consent to the connection of an electricity supply thereto. I accept responsibility for all charges or amounts due to APUA arising from the connection and use of this service.

Owner of premises (print): _____ Address: _____

Signature: _____ Date: _____ Contact #(s): _____

Note: A temporary service is issued for 180 days for construction purposes.

For the Electrical Contractor:

Name of Electrical Contractor (print): _____ Email: _____

Signature: _____ License #: _____ Contact #: _____

Voltage Required: _____ Phase: _____ Lighting Points: _____ Plug Points: _____

Electric Cooker (Watts): _____ Water Heater (Watts): _____ Refrigeration (Watts): _____

Electric Motors: _____ Total Installed HP: _____ for 3 phase 400 volts operation

Electric Motors: _____ Total Installed HP: _____ for 3 phase 200 volts operation

Electric Motors: _____ Total Installed HP: _____ for 3 phase 230 volts op

Electric Motors: _____ Total Installed HP: _____ for 115 volts operation

Applicants are required to provide Panel Schedules to clearly indicate equipment dedicated to the different circuits

SUPPLY CHARACTERISTICS

- 115 Volts between phase and neutral, 60 cycles. This would not be provided in areas with 115/230 3 wire distribution
- 230 Volts phase to neutral, 60 cycles
- Single Phase, 3 wires, 115/230 volts, 60 cycles
- Three Phase 4-wire, 115/200 volts , 60 Hz
- Three phase 4-wire, 400/230 volts , 60 Hz
- Other voltages may be available by negotiation

Subject to a permissible voltage variation of +/- 6% and to a permissible frequency variation of +/- 1.5%

FOR OFFICE USE ONLY

Service Inspection:

- Application receipt date: _____
 - First Inspection Date: _____ Approved/Rejected: _____
 - Second Inspection Date: _____ Approved/Rejected: _____

If rejected, state the reason(s) for the rejection: _____

Was the applicant notified (yes/no): _____

- Type of service line wire required: _____
- Total length of service line wire required (ft.): _____

Inspector's Name: _____ Inspector's Signature: _____

Service Connection:

Service order #: _____ Issued Date: _____ Connection Date: _____

Meter Serial #: _____ Meter Seal #: _____

Amps: _____ Phase: _____ Volts: _____

Connected by: _____ Signature: _____