

Municipal Services Commission of the City of New Castle, Delaware

Subject to the Rules and Regulations of the Municipal Services Commission

Temporary Construction Service Application

Temporary construction service is provided on a “cost to serve” basis. This service may not be available at all locations.

Service Requested Electric _____ Water _____

Date Service Requested _____

Customer Information

Name: _____

Company: _____

Billing Name and Address: _____

Project Description

Project Name: _____

Service Address: _____

General Contractor

Contractor Person: _____

Phone #: _____

Fax #: _____

E-mail address: _____

Mailing Address: _____

Electrical Contractor

Contact Person: _____

Phone #: _____

Fax #: _____

E-mail Address: _____

Mailing Address: _____

Plumbing Contractor

Contact Person: _____

Phone #: _____

Fax #: _____

E-mail Address: _____

Mailing Address: _____

Electric Service Requested

Aerial _____ Underground _____

Voltage Requested: 120/240 1 PH 3W _____

Other, Please Specify: _____

Main Breaker Size: Amps _____

Water Service Requested:

Use water service if available _____

Hydrant meter 5/8 x 3/4 _____

Hydrant meter 1" _____

Hydrant meter 3" _____

Other _____

Signature: _____ Date: _____

Title: _____

FOR OFFICE USE ONLY

Electric

Date Received: _____

Received by: _____

Deposit: _____

Account #: _____

Water

Date Received: _____

Received by: _____

Deposit: _____

Account #: _____

FOR PLANT USE ONLY

Electric

Water

Date Received: _____

Time Received: _____

Received by: _____

Date Completed: _____

Date Received: _____

Time Received: _____

Received by: _____

Date Completed: _____