

Request to Energize an Electrical Installation

REQUESTOR

Name: _____ Date of request: ____ / ____ / ____
 Permit #: _____
 Is this a Temporary Installation? _____

ELECTRICAL CONTRACTOR

Name of electrical contractor: _____ License #: _____
 Business address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____ E-mail: _____

LOCATION AND SERVICE DETAILS

University of Central Florida
 Building Name: _____ Building #: _____ Location: _____
 Address: _____ Service Description: _____
 City: _____
 State: _____ ZIP: _____

INSPECTOR

Inspector: _____ Agency: _____ Phone: _____
 Address: _____
 City: _____ State: _____ ZIP: _____

ELECTRIC UTILITY

Name of electric utility receiving request: _____ Phone: _____
 Address: _____
 City: _____ State: _____ ZIP: _____

REASON FOR REQUEST

- A.** Electrical service at location needs to be:
 Initialized Restored
- B.** Restoring electrical service that was interrupted or disconnected because of either:
 Service change Uncontrollable event, such as fire, flood, or severe weather

<p>Requestor statement</p> <p>The information contained in this document is accurate to the best of my knowledge.</p>	<p>Inspector notes: _____</p> <p>_____</p> <p>_____</p> <p>APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Requestor signature _____ Date _____</p>	<p>Inspector signature _____ Date _____</p>

Please contact Utilities & Energy Services for any additional, site specific requirements and scheduling of connection 407-823-6789, energy@ucf.edu