

Virginia Department of Public Utilities
618 2nd St S
Virginia, MN 55792

Request for Estimate for Electric Service Work

Please complete the information requested below and return to the Department of Public Utilities. We request a two week notice to complete the estimate from the initial date received. The Director – Electric Distribution will prepare an estimate and fax or mail it to the party designated below.

Please Print

Customer Name: _____

Current Address: _____

City _____ State _____ Zip _____

Service Location: _____

Contact Name: _____ Contact Phone #: _____

Residential Commercial

General Contactor: _____

Contact Name: _____ Contact Phone #: _____

Electrical Contractor: _____

Contact Name: _____ Contact Phone #: _____

Brief Description of Project: _____

Size of Service Entrance: _____ Amps. (example 1200 amp) _____ # of meter bases required

Current Rating of Service Main Disconnect: _____ Amps. (example 1200 amp)

Voltage Required:

1 Phase 3 Phase 120/240V 208/120V 240/480V 480/277V _____

Type of Service Required: Temporary Permanent

Date **Service** is required: _____

This is not a guarantee that your work will be completed at this time.

Fax Mail estimate to:

Customer General Contactor Electrical Contractor Other:

Other: _____

FAX Number: _____

Requested by: _____ Date: _____

Signature

Office Use Only:

Please record date received and forward form to Director - Electric Distribution.

Date Received: _____ Date Estimate Completed: _____