

Electric Service Application Form



Property Owner Information

Name _____

Address _____

City, State ZIP _____

Phone _____

Email _____

Project Name _____

Project Service Address
(if different than above) _____

Licensed Electrician Information

Company Name _____

Address _____

City, State ZIP _____

Phone _____

Email _____

Est. Completion date _____

Scope of work

☐ Update Existing Service ☐ New Service

☐ Single Phase ☐ 3 Phase

Project scope of work needed: (i.e. Line Extension, Transformer/Service Upgrade)

Property Description

☐ Small Rural ☐ Large Rural ☐ Multi-Family Residence

☐ Small Commercial ☐ Large Commercial ☐ Industrial

Form Submission

Please complete this form and return to City Hall or email to cneuman@bancroftiowa.com

Upon receipt, your request will be reviewed by BMU staff. Please allow two business days to process. Questions or Concerns? Call (515)885-2382.

Property Owner Signature

Date

Licensed Electrician Signature

Date

For office use only:

Approved by: _____
BMU Staff Title: _____

Date