

Internal Use Only

Entered into MAS90: Yes No By: _____ Service Job #: _____ Assigned to: _____

NEW/EXISTING CUSTOMER SERVICE REQUEST

Date: _____ Called in By: _____ Phone Number: _____

Service Site Name: _____ Bill To: _____

Site Address: _____ Bill To Address: _____

Contact Name: _____ Phone Number: _____

Service Request:

Indoor Service

Location of service _____

Approximate height of service _____

Outdoor Service

Specific locations of outtages _____

Approximate height of service _____

Sign Service

What does the sign say? _____

Wall or Pole mounted _____

Approximate height of service _____

Urgent Lighting Service

How soon do you require service? _____

Emergency After-Hours service Yes No

Location of switching panel

Do we need keys to the panel Yes No Contact for keys to panel _____

Additional Misc. Information:

Purchase Order # _____ COD for first trip or wait for Credit info? COD CC