



CERTIFICATE OF POWER AVAILABILITY

CITY OF MILTON
UB/FINANCE DEPT.
1000 LAUREL STREET
MILTON, WA 98354
PHONE: (253) 922-8733
FAX: (253) 922-2385
EMAIL: UTILITIES@CITYOFMILTON.NET

TO BE COMPLETED BY APPLICANT: APPLICATION #: _____
(SUBMIT COMPLETED FORM TO UB/FINANCE DEPT.)

Project Address: _____

Subdivision Project Name: _____ Parcel Number: _____

Type of Project (i.e. preliminary plat, short plat, etc): _____

Proposed Number of Connections: _____

Customer Type (circle one): Residential Multi-Family Commercial Industrial

Projected Need (circle one): Within 1 year Within 5 years

I, the undersigned, or my appointed representative, have requested the Milton Electric Utility to certify the Utility's authorization to provide electric service to the project address listed above. I understand that this proposal or proposed addition to the electric system may require improvements or additions which would incur my financial obligation. Prior to final approval for construction of the proposed electric facilities, it is understood that a legal contract between myself and the Electric Utility which specifies terms of service, operational responsibility, and financial obligation may be required.

COMMENTS: _____

Print Name & Signature - Owner/Authorized Representative **Date**

Address **City** **State** **Zip** **Phone Number**

This document constitutes certification of authorization to provide electric service. The Milton Electric Utility will assume full operational and maintenance responsibility for the electric service and equipment upon its completion up to and including the transformer.

_____ *There may be an additional connection cost for this parcel located at _____.*
(See MiltonMunicipal Code 13.08 if additional costs are required. The Electric Department can provide a cost estimate to the applicant upon request)

City of Milton

Agency Name

Signatory Name

Electric Supervisor

Title

Signature Date