

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 Electric Distribution Manager 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 Dave VanDeventer.

Date Received: _____ Date Estimate Completed: _____