

# City Of Vernon

## APPLICATION AND CONTRACT FOR UTILITY SERVICE(S)

The undersigned Applicant hereby request the City of Vernon to supply electric, water, and/or gas service(s) to the location shown on page 2 of 2 hereof (Credit Information, attached hereto and made a part hereof by reference), in accordance with the applicable rates, rules and regulations of the City.

Applicant hereby agrees to the following:

1. Applicant has reviewed and inspected the applicable City of Vernon rates, rules and regulations for electric, water, and/or gas service(s) and agrees to comply therewith, and with any changes or modifications hereto which may be authorized from time to time by the City.
2. Applicant elects to take and pay for service under Schedule(s) \_\_\_\_\_ for a minimum period of \_\_\_\_\_ months. As specified in this schedule, Applicant elects the following optional provisions: \_\_\_\_\_  
\_\_\_\_\_
3. Where Applicant requested facilities which are in addition to, or in substitution for, the standard facilities which the City normally installs, Applicant agrees to pay the extra cost thereof. Applicant agrees to pay in advance the extra cost for such facilities.
4. Where applicable, Applicant Agrees to pay the following rates:  
Contract Demand: \_\_\_\_\_ kW  
Excess Transformer Capacity: \_\_\_\_\_ kW
5. Applicant grants to the City Of Vernon a right-of-way for any electric, water and/or gas lines and/or other facilities which may be necessary to build in, on, under, or over Applicant's Premises for the purpose of making delivery hereunder. Applicant also grants to the City a right-of-access to service any such lines or facilities in order to install, maintain, repair, replace, and/or remove them.
6. All facilities installed by the City shall remain the sole property of the City.
7. In the event Applicant within the initial 36 months of this contract materially increases or decreases his service requirements from those which have been installed hereunder and a change is required in the City's facilities, Applicant agrees to pay for the installation and/or removal cost of the facilities. A new agreement shall be executed providing for the modified service required by Applicant.
8. This contract shall at all times be subject to such changes or modification by the City as may be made from time-to-time in the exercise of its jurisdiction.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company

# City of Vernon

## CREDIT INFORMATION:

Page 2 of 2

Corporation

Partnership

Sole Proprietorship

**Please Print Above Line**

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Corporate Officer/Partner/Owner Name

Title

---

Home Address

City/State

Zip Code

Home Phone Number

---

Driver's License

Date of Birth

Social Security Number

---

Additional Corporate Officer/Partner Name

Title

---

Home Address

City/State

Zip Code

Home Phone Number

---

Emergency Contact Name

Title

---

Address

City/State

Zip Code

Phone Number

---

---

## CURTAILMENT NOTIFICATION

---

Name

---

Address

City/State

Zip Code

Phone Number

---

Fax Number

E-Mail Address

---

Business Name

---

Service Address

---

Mailing Address

**CITY OF VERNON  
UTILITIES DEPARTMENT  
ELECTRIC SERVICE PLANNING INFORMATION**

1. Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Operating Hours: \_\_\_\_\_ Total Facility Size: \_\_\_\_\_

2. Electric Service Request:

- New tenant in building using existing electric service (name change on electric bill)  
 Existing Panel Rating \_\_\_\_\_ Amps Voltage \_\_\_\_\_  
 Estimated Total Connected Load \_\_\_\_\_ kW Estimated Demand \_\_\_\_\_ kW
- Load Addition to Existing Electric Service  
 Existing Panel Rating \_\_\_\_\_ Amps Voltage \_\_\_\_\_  
 Estimated Total Connected Load \_\_\_\_\_ kW Estimated Demand \_\_\_\_\_ kW  
 (including additions) (including additions)
- Installation of New Electric Panel  
 New Panel Rating \_\_\_\_\_ Amps Voltage \_\_\_\_\_  
 Estimated Total Connected Load \_\_\_\_\_ kW Estimated Demand \_\_\_\_\_ kW

Date \_\_\_\_\_

Submitted by \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Estimated Date For Electric Request \_\_\_\_\_

**FOR OFFICE USE ONLY**

Customer Service	Engineering
Account No. _____	Transformer _____
Meter No. _____	Transformer Size _____
Phase _____	Secondary Conductor Size _____
Rate: GS1 GS2 TOU-G TOU-V	Additional Customers on bank _____
Service is ON / OFF	FDR# _____ LOAD BLOCK # _____
NOTES _____	NOTES _____
_____	_____
_____	_____
_____	Action Item _____
_____	_____



## COMMUNITY SERVICES NEW SERVICE REPORT

(please print in ink)

Applicant (Name on the electric bill): \_\_\_\_\_

Address of electric service: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

The applicant understands that the property will be maintained such that it will meet the requirements of the Building Codes of the City of Vernon. The applicant also agrees that the electrical and water services may be discontinued if the Building Department issues a Notice of Violation pursuant to the City of Vernon Building Codes.

### Check the appropriate box

- The electric service is currently on and needs no preliminary inspection.
- The electric service is off and is requested to be turned on. Before any electrical service that is off is turned on, an electrical inspection is required. Contact the Electrical Inspector, at ext. 244, to coordinate building access.

### Check the appropriate box

- The applicant is planning to occupy the premises with equipment, materials or personnel. In order to occupy, the applicant shall obtain a "Certificate of Occupancy" in the applicants name. Contact Community Services to coordinate occupancy inspection.
- The applicant is not occupying the premises. The electric service is to be turned on for clean and show or construction only. In the event that personnel or property is to occupy the premises, a Certificate of Occupancy is required.

\_\_\_\_\_  
Applicant's Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Company Title (Owner, Pres., Manager.....etc.)

\_\_\_\_\_  
Phone

