

# HIGH DENSITY - EXISTING

our mission is our members



Dear Member:

Thank you for contacting Inland Power & Light and inquiring about a new electric service. We have provided the following checklist to assist you in providing the correct documentation **required** to process your application. Additional information can be found in Inland Power & Light's Electric Service Handbook at [www.inlandpower.com](http://www.inlandpower.com).

- 1. The following fee: (We accept cash, check or money order)**
  - \$500.00 Non-refundable high density service line fee. Applies to those applying for new residential service in a high density subdivision (a subdivision whose average lot size is less than half an acre).
  
- 2. New service application**
  
- 3. Member Update form** (existing/prior member)
  
- 4. Service address**  
This can be obtained from your county building/planning department
  
- 5. Electrical permit and meter base photo (Not required until service is ready to be energized)**  
Electrician to email electrical permit and meter base photo to [newservice@inlandpower.com](mailto:newservice@inlandpower.com) when ready to energize.

Physical Address:  
10110 W Hallett Rd.  
Spokane, WA 99224

Please mail application to:  
PO Box A  
Spokane, WA 99219

Email:  
[inlandpower@inlandpower.com](mailto:inlandpower@inlandpower.com)

Design Dept. Phone:  
(509) 747-7151  
FAX (509) 789-4229

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## Member Information

\* ALL FIELDS ARE REQUIRED

\* Contractor/Applicant Name: \_\_\_\_\_ \* IPL Member #: \_\_\_\_\_

\* Mailing Address: \_\_\_\_\_

\* Email: \_\_\_\_\_

\* Onsite Contact Person: \_\_\_\_\_ \* Cell: \_\_\_\_\_

## Service Location

\* Service Address: \_\_\_\_\_ \* Tax Parcel ID#: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Block/Lot # \_\_\_\_\_ Gate Code: \_\_\_\_\_

\* Electric Panel Size:    200        400

Temp Service Request/Desired Service Date: \_\_\_\_\_

\* Transformer # (Where TML being set): \_\_\_\_\_

Meter Base Inspection #: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Perm. Service Request/Desired Service Date: \_\_\_\_\_

Ditch open:    Yes        No

Meter Base Inspection #: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

I affirm that the above information is correct to the best of my knowledge. I understand that any changes I makes could result in additional costs and delays in the installation of service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For office use only

WO# \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Physical Address:  
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