

# Request to Energize an Electrical Installation

## REQUESTOR

Name: \_\_\_\_\_ Date of request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Permit #: \_\_\_\_\_  
 Is this a Temporary Installation? \_\_\_\_\_

## ELECTRICAL CONTRACTOR

Name of electrical contractor: \_\_\_\_\_ License #: \_\_\_\_\_  
 Business address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## LOCATION AND SERVICE DETAILS

University of Central Florida  
 Building Name: \_\_\_\_\_ Building #: \_\_\_\_\_ Location: \_\_\_\_\_  
 Address: \_\_\_\_\_ Service Description: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## INSPECTOR

Inspector: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## ELECTRIC UTILITY

Name of electric utility receiving request: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## REASON FOR REQUEST

- A.** Electrical service at location needs to be:  
 Initialized       Restored
- B.** Restoring electrical service that was interrupted or disconnected because of either:  
 Service change       Uncontrollable event, such as fire, flood, or severe weather

<p><b>Requestor statement</b></p> <p><b>The information contained in this document is accurate to the best of my knowledge.</b></p>	<p><b>Inspector notes:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>APPROVED:</b>      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
---	---

<p><b>Requestor signature</b> _____ <b>Date</b> _____</p>	<p><b>Inspector signature</b> _____ <b>Date</b> _____</p>
---	---

Please contact Utilities & Energy Services for any additional, site specific requirements and scheduling of connection 407-823-6789, energy@ucf.edu