



GRAND HAVEN BOARD OF LIGHT AND POWER

APPLICATION FOR ELECTRIC SERVICES

Construction Contractor Information

Contractor Name: Phone: Cell Phone: Fax Number: E-mail: Address: City: State: Zip:

Billing Information Same

Customer Name: Phone: Cell Phone: Fax Number: E-mail: Billing Address: City: State: Zip:

Service Location Grand Haven City Grand Haven Township Spring Lake Township Robinson Township

Service Address: Project Name:

The information above is critical so the Grand Haven BLP can contact you in the event of an electric emergency. I agree that the information on this application is correct to the best of my knowledge. I understand that any changes made to the above information or attached documents may increase the time and costs required for the Grand Haven BLP to provide service to the project.

Customer or Authorized Representative (Print) Signature (REQUIRED) Date

Please refer to our Rates and Policies for additional information. These are found on our website at www.ghblp.org.

Project Information

Electrician Contact Information Construction Type Apartments Single Family Duplex Triplex Accessory Dwelling Unit Phone Pedestal # of Lots # of Buildings # of Units

Service Information

Electric Estimated Load Voltage Requirement Structure BLP Office Use Only Equipment Issued: Inspector: Date Released:

Applications may be mailed to:

Grand Haven Board of Light and Power, Attn: Customer Service, 1700 Eaton Drive, Grand Haven, MI 49417 616-846-6250; Fax: 616-846-3114; E-mail: customerservice@ghblp.org

THIS IS NOT A PERMIT

Additional Permits may be required and are the responsibility of the Customer