

ELECTRICAL SERVICE REQUEST

**Gila River Indian Community Utility Authority
GRICUA**

6658 W. Sundust Road Box 5091
Chandler, Arizona 85226
Phone 520-796-0600
Fax 520-796-0672

Mandatory Information

Service Type Required:

(Please fill out all sections that apply)

Existing Service New Construction Service Upgrade

Customer(s) Name: _____

Phone#: (____) _____ **Cellular#:** (____) _____ **Fax#:** (____) _____

Other Responsible Party: _____

Phone#: (____) _____ **Cellular#:** (____) _____ **Fax#:** (____) _____

Contractor/Realtor (if applicable): _____ **Phone#:** (____) _____

Service Location/Address: _____

Billing Address: _____

Closest Cross Street(s): _____

Date Service Requested: _____

QUALIFICATIONS FOR LIFE SUSTAINING NEED FOR ELECTRICITY – kidney/hemo/peritoneal dialysis, ventilators/oxi meters (not small nebulizers), C-Pap, O₂ concentrators, feeding/ infusion pumps, must have Doctors written recommendation. **Must be renewed annually.**
Initial if this applies: _____

New Construction

(Fill out all that applies)

Type of Service

Residential

Commercial/Industrial

Home Details:

All electric: Yes No

Home Type: Site Built Modular Other

Modular home delivery date: _____ Color: _____

Underground

Overhead

Commercial/Industrial Details:

Phase: Three Single _____ volts _____ amps _____ kVA

Underground

Overhead

Service Upgrade

(Fill out all that applies)

Type of Service

Residential

Commercial/Industrial

Existing Specifications:

Phase: Three Single _____ volts _____ amps _____ kVA

Underground

Overhead

Upgrade Specifications:

Phase: Three Single _____ volts _____ amps _____ kVA

Underground

Overhead

Applicant/Agent: _____

Date: _____

Other Responsible Party: _____

Date: _____

Applicant certifies that he/she is owner, leaser, or agent of the service location: _____