TONGUE RIVER ELECTRIC COOPERATIVE, INC.

PO Box 138, Ashland, MT 59003 Telephone (406) 784-2341 <> Fax (406) 784-2279

REQUEST FOR ELECTRICAL SERVICE

	<u>Date</u>				
N			T. L.	- N l	
Name				Telephone Number	
Mailing Address	City	ST		ZIP	
Would like to request to hav ResidenceWell	· · · · · · · · · · · · · · · · · · ·				
Check Size of Service Check Type of Service	100 Amps200 AmpsOverhead			nglePhase Three Phase Underground	
Located in					
Subdivision		Lot #	County		
Service Description					
Address	City	State		ZIP	
Township	Range	Se	ction	Quarter Quarter	-
Enclosed is a check for the \$	200.00 ENGINEERING	G FEE. I would like	to have thi	s staked by:	
Date:		, if possib	ıle.		
The Engineering Fee is for the be incurred by the requester these policies is attached.	-				-
The Engineering Fee will be a paperwork is not done by th closed.			-	· · · · · · · · · · · · · · · · · · ·	be
		 Sig	nature		
Please fill out and return to	Tongue River Elect	ric Cooperative, In	c.		
DO NOT WRITE BELOW THIS					
Man Line				WO#	