

# Village of Enosburg Falls

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## Estimate Request Form and Procedures Required for Line Extension, New Electrical Services, Etc.

Date of Request: \_\_\_\_\_

Below are the steps required by the Enosburg Falls Water & Light Department to obtain a line extension or new electrical service:

- 1). I/We agree to pay a *non-refundable* estimate fee of \$50.00. This fee will cover the labor and travel expenses for an employee of the Enosburg Falls Water & Light Department to draft an estimate for a line extension, new electrical service, etc.
- 2). If I/We decide to proceed with the work as detailed in the estimate, then I/we agree to pay the Enosburg Falls Water & Light Department for the charges for the new service or line extension prior to the commencement of the work by the Department.
- 3). I/We understand projects cannot be started until all proper permits and/or right-of-way permits have been provided to Enosburg Falls Water & Light Department. Any cost associated with permits and/or right-of-way permits will be the responsibility of the applicant and not the responsibility of the Village of Enosburg Falls Water and Light Department. **\*\*Please note if this line extension or new electrical service is in the Town of Bakersfield an Access Permit will be needed. Any cost associated for this permit will be the responsibility of the applicant and not the responsibility of the Village of Enosburg Falls Water and Light Department.**
- 4). I/We understand that before any new electrical service can be energized that I/we must complete a service application provided by the Enosburg Falls Water & Light Department office. It is also understood that a meter deposit may be required if a Public Utility Commission approved credit reference is not provided with the application. Upon accepting electrical services from the Enosburg Falls Water & Light Department, I/we will abide by any rules and regulations that may be set forth by the state utility regulator (the Public Utility Commission), the Enosburg Falls Water & Light Department and Vermont statute.

Applicant Name (s): (Printed)

\_\_\_\_\_

Applicant Signature(s)

\_\_\_\_\_

Applicant Billing Address:

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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

Location of Service to be completed:

Date Estimate Fee Paid: \_\_\_\_\_