

New Service Application

TDX Adak Generating, LLC • 3601 C St. Suite 1000-56 • Anchorage, AK 99503 • PH (907)762-8450

Customer Information	Name of Applicant (Please Print)		Date of birth	Social Sec. No.	Lot\Block	Subdivision
	Mailing Address (Street)				Service Address (Number/mile and street name/highway)	
	Mailing Address (City, State, Zip)				City	Zip
	Home Phone	Business Phone	Cell Phone		Nearest Cross Street	
	Email Address				Federal TIN (If applicable)	Driver's License No.
	Are you a current TDX Customer? <input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Building
	Premises Type: <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Public Facility					
	Do you have life support equipment at this service? <input type="checkbox"/> YES <input type="checkbox"/> NO If so what kind? _____				<input type="checkbox"/> Permanent Service Date: _____	<input type="checkbox"/> Temporary Service Date: _____
	Building Description: <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> 4-Plex <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____				Total Square Footage of Building:	Total Square Footage of Unit served by Meter:
	CONTACTS: Owner/Contact: _____ ph: _____ Electrician: _____ ph: _____					
Contractor: _____ ph: _____ Tenant: _____ ph: _____						
-----Do not fill in below- To be completed by TDX representative -----						
Engineering Information	Date Service Needed:			Date Construction Starts:		
	Estimated Completion:					
	Is requested service (check one): <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary					
	If Service is Temporary please provide termination date:					
Service Entrance size	Amps:	Voltage:		1 Phase:	3 Phase:	
	Peak Demand Period:			Est. Connected Load in Kilowatts:		
	If 3-Phase, check: <input type="checkbox"/> Wye <input type="checkbox"/> Delta			Est. Yearly KWH Usage:		
Electric Motors	Motors that could possible start at the same time: Number: _____ Size (HP): _____					
	Estimated number of Starts/Stops per day:					
TDX USE ONLY	Work Order (VP Job) No.:			Account (Asyst)#:		
	Customer (VP ID) No.:			Class of Service:		
	Electric Rates:		Driver's License No. or Passport No.:			
	Estimated Cost:			Customer Contacted: <input type="checkbox"/> YES <input type="checkbox"/> NO		
	(MUST have a copy of a US Government-issued identification with application)					
	NOTE: Application must be signed and returned with a property site map.					
Signature of Applicant			Date	Name of Firm or Agency if Applicable		

Application can be emailed to: utilitybilling@tdxcorp.com

I agree to comply with the Tariff and Rules and Regulations of TDX Adak Generating, LLC and to the payment of fees, deposits, and other obligations incidental of the purchase of electric utility service. I further agree to purchase from the Utility all electrical service on the premises. The applicant hereby grants at no cost to the utility a right-of-way easement to construct, operate, and maintain electric lines or system on the land where service is requested and in or upon all streets, or roads abutting said land, necessary to furnish electric service to the applicant and others in the immediate area.