



SCHEDULED DISCONNECT/RECONNECT

FOR OFFICE USE ONLY:

BP# _____
CON OB# _____
P5# _____
ENG# _____
CON# _____

☐ DISPATCH NOTIFIED

Tacoma Power New Service Engineer:

1. CUSTOMER INFORMATION

Name: _____ Contact Person: _____ Primary Contact: ☐ Yes ☐ No

Mailing Address: _____

Phone: Work: _____ Cell: _____ Email: _____

2. CUSTOMER DANGER TAG INFORMATION

Site Contact: _____ Primary Contact: ☐ Yes ☐ No

Phone: Work: _____ Cell: _____ Email: _____

Elect. Contractor: _____ Contact Person: _____ Primary Contact: ☐ Yes ☐ No

Phone: Work: _____ Cell: _____ Email: _____

3. PROJECT SITE INFORMATION

Project Name: _____ Parcel #: _____

Project Addr: _____ Gate Code: _____

Electrical Permit Number: _____

Reason for Outage:

DISCONNECT/RECONNECT INFORMATION

Tacoma Power Requires a Minimum of 10 Days Notice Before the Scheduled Disconnect Time

Disconnect Date: _____ Time: _____ Reconnect Date: _____ Time: _____

Printed Name: _____

Signature: _____ Date: _____

EMAIL SCHEDULED DISCONNECT / RECONNECT TO: NSEngineer@cityoftacoma.org

Tacoma Power • New Service Engineering, P.O. Box 11007, Tacoma, Washington 98411 Fax: 253-502-8659

TACOMA POWER USE ONLY

Feeder: _____ Xfmr: _____ Pole: _____ Primary Switching: _____

Labor Requirements (Size and Composition of Crew): _____

