

UTILITY SERVICE REQUIREMENT FORM

OWNER INFORMATION:	INFORMATION SU	INFORMATION SUBMITTED BY: NAME		
NAME	NAME			
MAILING ADDRESS	SIGNATURE	DATI	Е	
PHONE NUMBER	COMPANY NAME			
EMAIL	PHONE	FAX		
FAX	EMAIL			
PHYSICAL ADDRESS OF PROJECT				
PROJECT START AND COMPLETION DATES				
1. ELECTRIC A. REQUIREMENTS FOR TEMPORARY ELECT DATE NEEDED:		OLTAGE:(1PH/3	BPH)	
B. PERMANENT POWER SERVICES EST. KVA LOAD: 1 PHASE or	3 PHASE (CIRCLE) VC	OLTAGE:		
SIZE OF MAIN: NO. OF EL	ECTRIC METERS NO). OF SECONDARY CONDU	JCTORS	
C. HVAC REQUIREMENTS: HVAC AREA: SQ. I	FT. HVAC LOAD:	TONS		
2. WATER A. DOMESTIC WATER SERVICE SIZE: B. IRRIGATION WATER SERVICE SIZE: C. FIRE PROTECTION WATER SERVICE SIZE:	INCH MAXIMUN INCH FIRE FLOW DU	M FLOW RATE: M FLOW RATE: W RATE REQUIRED: URATION: ER INTERNATIONAL FIRE CODE)	GPM GPM	
3. <u>WASTEWATER</u> A. DOMESTIC WASTEWATER SERVICE SIZE:		TEWATER SERVICE SIZE: E: GALLONS	INCH	
4. <u>CABLE TELEVISION</u> YESNO WILL STRUCTURE BE PREWI CONWAY CORP AT 548-3050 (CATV DEPT.) TO A	IRED FOR TV / INTERNET? IF Y	'ES, CONTRACTOR / WIREN		
NOTES:				
1) ALL BUT, SINGLE FAMILY RESIDENTIAL AND SINGLE SITE PLAN AND PDF FILES OF THE ELECTRIC AND P PLAN APPROVAL PRIOR TO PLANS BEING ACCEPTED FLOOR PLAN IS REQUIRED.	PLUMBING RISER DIAGRAMS, THIS	COMPLETED FORM AND FIR	RE DEPARTMENT	
2) AN ACCURATE LEGAL PROPERTY DESCRIPTION WIT	ГН RECORDED OWNERSHIP MUST	F BE PROVIDED TO CONWAY	CORPORATION.	
3) A METER SPOT FORM MUST BE COMPLETED AT TH SERVICES BEING SCHEDULED FOR INSTALLATION.	E CONWAY CORP ENGINEERING C	OFFICE AT 800 SOUTH HARKR	RIDER PRIOR TO	
4) REQUESTS FOR TEMPORARY ELECTRIC SERVICE MA	AY BE MADE BY CALLING THE CON	JWAY CORP SERVICE CENTER	AT (501)548-3050.	
PLEASE EMAIL DRAWING FILES AND 7	THIS FORM TO CONWAY CORP	PENGINEERING DEPARTM	ENT at	

leslie.guffey@ConwayCorp.com or if you have questions, call 501.450.6053