

BOROUGH OF MT PENN, PA
ELECTRICAL INSPECTORS OFFICE
484-955-8419

APPLICATION FOR RE-INTRODUCTION OF ELECTRIC SERVICE

DATE _____

OWNER NAME _____ PHONE _____

APPLICANT NAME: _____ PHONE _____
THIS IS THE PERSON WHO ACTUALLY PAYS THE ELECTRIC BILL OF THE SUBJECT PROPERTY OR UNIT

INSPECTION CONTACT _____ PHONE _____
THIS IS THE PERON WHO I WILL CONTACT TO ALLOW ME ACCESS TO THE PROPERTY/UNIT AND THE BASEMENT

INSPECTION ADDRESS _____ UNIT # _____

MET ED DR# _____
INSPECTION WILL NOT BE CONDUCTED WITHOUT PROPER DR#

REASON FOR INSPECTION _____

FOR OFFICE USE ONLY

\$100.00 FEE PAID _____ CHECK #/ CASH _____

INSPECTION COMPLETED _____ BY _____

PASSED _____ FAIL _____

DEFICIENCIES FOUND _____

COMMENTS _____

CUT-IN CARD SENT _____ STICKER LOCATION _____