

NEW YORK BOARD

Service Only Form Effective 02/15/2012

New York Board
PO Box 1558
Wappingers Falls, NY 12590
(845) 298-6792

Email this form to pdecina@newyorkboard.org

Applicant name:

Applicant email: Applicant phone:

Service request number: Pre-approval date:

Electrical permit number: Inspection date:

Number of meters: This is a: Power lines are:

Description:

Municipality:

OWNER/PROJECT ADDRESS:

Name: Phone:
Street: City: Zip:

Utility company: License number:

☐ Connect/Disconnect/Reconnect

SERVICE ENTRANCE:

Size (in amps): **TYPE:** ☐ SC ☐ CT ☐ Switchgear
Voltage (___ / ___): ☐ 1 Phase ☐ 3 Phase

OFFICIAL USE ONLY

Article number:

This certifies that the electrical service has been reported to this Department and the use of the electric service is hereby permitted for no more than ninety (90) days from the above date or until recalled.

Inspection label placement:

☐ Service panel

☐ Equipment

☐ BP card

☐ Window

Utility FAX date:

Time:

☐ **OK TO C/C**

Municipality FAX date:

Time:

VRU date:

Time:

Inspector's signature & date

