



ALLEGHENY COUNTY
AIRPORT AUTHORITY

REQUEST FOR ADDITIONAL ELECTRICAL SERVICE

DATE _____

TENANT _____

LOCATION _____

SCOPE OF WORK _____

TYPE OF SERVICE REQUIRED: _____

VOLTAGE: _____

AMPERAGE: _____

DEDICATED SERVICE REQUIRED: _____

YES: _____

NO: _____

CONTRACTOR NAME: _____

STARTING DATE: _____

=====

THIS SECTION TO BE COMPLETED BY COUNTY ELECTRICAL DEPARTMENT

SERVICE AVAILABLE: _____

YES: _____

NO: _____

PANEL LOCATION: _____

BREAKER NUMBER: _____

APPROVAL – ENGINEERING DEPT.

APPROVAL – PROPERTIES DEPT.