



DE-ENERGIZATION & OVERHEAD WIRE MOVEMENT REQUEST FORM

☐ REQUEST TO ORDER ☐ REQUEST TO CANCEL DATE

*Cancellations must be made by 12:00pm (noon) the day PRIOR of a scheduled work day. Untimely cancellations will be assessed for an entire day's fee.

Company Name:	Company Contact:
Contact Phone:	Contact Email:
Name:	Phone #:
Contract / Project #:	Site / Location:

Day	Date	Starting Time	Ending Time	Affected Lines	Location of De-Energization	Direction (IB/OB/BOTH)
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

MUNI Use

Date Received: _____

☐ Approved

☐ Rejected

Request Reviewed by: _____

Date: _____

