



APPLICATION FOR OTHER ELECTRIC SERVICE CONNECTION

Control Number: _____

Date: _____

I. NEW APPLICATION APPLIED FOR (*Please check the box*)

☐ Residential

☐ Low Voltage

☐ High Voltage

Membership: ☐ Sole Proprietorship

☐ Joint

☐ Juridical

II. SERVICE CLASSIFICATION

☐ Upgrade _____

☐ Reconnection

Others: _____

☐ Downgrade _____

☐ Disconnection

☐ Change Meter

☐ kWh Meter Test

☐ Temporary to Permanent

☐ Relocation/Separation of kWhr Meter

III. PERSONAL INFORMATION

Name of Applicant: _____
(Last Name) (First Name) (Middle Name) (Suffixes)

Contact Number: _____ Citizenship: _____ Birthdate: _____ Age: _____

Complete Address: _____ Civil Status: _____

(Rm./Flr.Bldg Unit)

(House/Lot &Block No.,.)

(Street/Sitio Name)

(Subdivision)

(Barangay)

(City/Municipality)

(Province)

(Zip Code)

Name of Spouse (if any): _____
(Last Name) (First Name) (Middle Name) (Suffixes)

MEMBER/S OF THE FAMILY

	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

IV. REQUIREMENTS

A. Barangay Certification

B. Proof of Ownership (Lot Title/Deed of Sale/ Deed of Donation/ Lease of Contract)

C. Certificate of Electrical Inspection (CEI) for TEMPORARY / Certificate of Final Electrical Inspection (CFEI) with Electrical as Built Plan

D. Valid ID (Voter's ID, SSS PRC, etc.), DTI Certificate/SEC Registration Certificate

E. Sketch of the location

F. Official Receipt of applicable fees (Bill Deposit/ Reconnection Fee/ Disco Fee, etc.)

G. ALECO Clearance

H. APEC Clearance

I. Proof of Billing (ALECO Bill)

If applying thru representative, Special Power of Attorney (SPA) or Notarized Authorization and valid ID of the representative

Please answer the following questions: (Check (/) appropriate blank space for your answer)

_____ YES _____ NO (a) Do you own the house/establishment and/or premises in the above location where electric service is to be provided? (if not, indicate name and address of owner)

_____ YES _____ NO (b) Is the electric installation in your house/establishments complete and ready for connection?

_____ YES _____ NO (c) Are you the first occupant of the house/establishments? (if not, indicate name of previous occupant) _____

I HEREBY CERTIFY that the above information are true and correct to the best of my knowledge.

Verified by: _____
Signature over Printed Name/ Date

Applicant: _____
Signature over Printed Name/ Date

Name : _____
 (Last Name) (First Name) (Middle Name) (Suffixes)

Address: _____
 (Rm/Flr.Bldg Unit) (House/Lot &Block No,.) (Street/Sitio Name) (Subdivision)

 (Barangay) (City/Municipality) (Province) (Zip Code)

Representative: _____
Signature over Printed Name/ Date

	AMOUNT	OR NO./DATE PAID	TELLER'S SIGNATURE
[] Bill Deposit	P _____	_____	_____
[] Reconnection/Transfer Fee	P _____	_____	_____
[] Temporary Connection Fee	P _____	_____	_____
[] Others	P _____	_____	_____
TOTAL:	P _____	_____	_____

	Signature	Date	Remarks
Area Collection Supervisor			
*Arrears			
*Differential Billing			
Others:			

Evaluated by: _____ Validated by: _____

Recommending Approval: _____ Approved by: _____

Area Services Department Manager/
Technical Services Department Manager