



CAMPUS SERVICES & BUSINESS OPERATIONS

UTILITY CONNECTION REQUEST FORM

Date:		SR/WO Number:	
Project Name:			
Contractor Name:		Telephone:	
Coordinator Name:		Telephone:	
Service To Be Connected: (Provide Details)	<input type="checkbox"/> Electrical <input type="checkbox"/> Steam <input type="checkbox"/> Chilled Water <input type="checkbox"/> Domestic Water		
Size/Capacity of Utility: (Provide Details)			
Requested Date of Connection:			
Expected Duration of Interruption Required:			
Drawings Submitted: (Provide All Drawings to Assist in Prompt Approval)			
<p>Request for connection of services must be submitted to the Director of Energy Management, CSBO for approval. In most cases, at least three weeks prior notice is required. No tie-in work will be permitted without authorization. All isolation for tie-ins to be undertaken by York Utilities/Maintenance staff only.</p> <p>The above request has been approved to take place on _____ between the hours of _____ and _____ with the following conditions:</p>			
Approvals:			
_____	Chief Engineer		
_____	Manager, Energy & High Voltage Distribution		
_____	Director Energy Management		