



ISLAND ENERGY  
A PUBLIC JOINT POWERS AUTHORITY  
995 WALNUT AVENUE  
MARE ISLAND, CA 94592

PHONE: (707) 562-5000  
FAX: (707) 562-5002

**APPLICATION FOR CUSTOMER PROJECT SUPPORT**

**Application Date:** [\[Click to Select Date\]](#)

**Application Fee:** **\$250.00**

**Instructions:**

1. Please complete this Application with all Company and Project information, including a Project Description, to include all relevant information such as location, electrical equipment, load calculations as noted in Section 4. Please submit to Island Energy with a \$250.00 non-refundable Application Fee to cover the reasonable cost of Application processing..
2. With receipt of this Application and Fee, Island Energy will request a meeting, to better understand the Project and Customer objectives. At the Customer’s election, the parties will execute a “Customer Project Support Design Agreement” for the performance of a technical Design, Scope of Work and Cost Estimate for Island Energy to perform its elements of the Project.
3. After Customer acceptance of the Island Energy Design, Scope of Work and Cost Estimate, Customer may elect to enter into an “Customer Project Support Installation / Alteration Agreement” for performance of the works.

**1. CUSTOMER INFORMATION**

**Business Name:** Business Name  
*Name of Organization or Entity*

**Legal Billing Name:** Billing Name  
*Legal Name of Responsible Party or Corporation*

**Business Type:** Business Type  
*Description of Products, Goods or Services Rendered*

**Taxpayer ID No.:** Tax ID

**Mailing address:** Street  
*Street*  
City State Zip Code  
*City State Zip Code*

**Customer Contact:** Name Title  
*Name Title*

(xxx) xxx-xxxx  
*Business Phone*

(xxx) xxx-xxxx  
*Cell Phone*

Email  
*Email*

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**2. PROJECT INFORMATION**

**Project Name:** Project Name

**Location(s):** Location / Address

**Service Date:** Service Date

**Type of Service:**     *Electric Only*    *Gas Only*    *Gas & Electric*    *Other Support*

**Requested Island Energy Support:**

Click to Enter Text

**3. PROJECT DESCRIPTION**

Click to Enter Text

**4. SUPPORTING DOCUMENTATION – Please provide the following with your Application:**

- Physical site plans showing roads, buildings and structures, existing utilities, and any street improvement plans; schematics and/or tentative maps.
- Customer preferred electric and gas utility service equipment and/or meter locations.
- Existing / Proposed electric equipment (list with electric demand, in Amps).
- Electric / gas demand (load) calculations, drawings and schedules; switchboard drawings; include one-line diagram as may be available.

**Authorization:** \_\_\_\_\_  
Designated Customer Representative

Name	Title	Date
<i>Name</i>	<i>Title</i>	<i>Date</i>