



**TOWN OF BARGERSVILLE**  
P.O. Box 420 • Bargersville, IN 46106  
Phone: 317-422-5115 • FAX: 317-422-5117  
[www.townofbargersville.org](http://www.townofbargersville.org)

POWER & LIGHT • WATER WORKS • SANITATION DEPARTMENT • STORM WATER

**ELECTRICAL UPGRADE / REMODEL APPLICATION**

**ALL INFORMATION MUST BE COMPLETED**

Date: \_\_\_\_\_

**Please print or type the following information:**

Owner / Contractor Name: \_\_\_\_\_

Service address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Lot #: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Home /Cell/ Work Phone: \_\_\_\_\_ Tax ID # / S.S. #: \_\_\_\_\_

Requested Disconnect Date: \_\_\_\_\_ (Please allow 5 – 7 business days for disconnect)

Upgrade from: \_\_\_\_\_ Upgrade to: \_\_\_\_\_

**If Utility Bill is to be mailed to another address, please provide below**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*An inspection fee is required at the time of application for residence within the town limits. All applicants must obtain an inspection prior to reconnection. To schedule an inspection please call (317)422-5115 ext. 104. Contact the electric department for further scheduling at (317)422-3110*

*Note: If additional materials are required for job it will be at the customer's expense.*

Company Representative(s): \_\_\_\_\_

(Name) Please Print or type

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Account Number: \_\_\_\_\_  
Received by: \_\_\_\_\_ Amount: \_\_\_\_\_  
Date: \_\_\_\_\_  
Work Order#: \_\_\_\_\_

Inspection Receipt Number: \_\_\_\_\_  
Cash:  Check  Check Number: \_\_\_\_\_  
Receipt Number: \_\_\_\_\_  
Cash:  Check  Check Number: \_\_\_\_\_

**ELECTRIC SERVICE ( Please select one)**

Perm Elec UG \$700  Perm Elec OH \$600  Temp Elec UG \$120  Temp Elec OH \$200  2 Gang UG \$900  2 Gang OH \$700   
Other Type