



Service Application

This two-page form must be completed and returned to the appropriate Doyon Utilities office (see addresses at bottom of page).
Applications will be returned if they are not:

- 1) **Typed or printed in legible handwriting**
- 2) **Complete - all requested information must be provided**

Date of Application: _____

Applicant Name: _____ Company Name: _____

Applicant Phone: _____ Applicant e-mail: _____

Name of Contractor/Installer: _____ Phone of Contractor/Installer: _____

What utility is requested: Water Sewer Heat Electric Gas

Type of service: New or Replacement/upgrade of existing service AND Temporary or Permanent

Will the work require demolition of existing service? Yes No Date service required: _____

Building Number/Location of Service (draw or attach a map indicating location):

Who is the tenant? _____ Has the tenant been notified? Yes No

Has the contractor obtained a dig permit? Yes No

Has the contractor read and understood the Doyon Utilities service line standards? Yes No

Description of service requested (attach additional pages if necessary):

RETURN FORM TO APPLICABLE OFFICE

Fort Wainwright
P.O. Box 74040
Fairbanks, AK 99707
(907) 455-1571

Fort Greely
P.O. Box 31346
Fort Greely, AK 99731
(907) 869-3600

Fort Richardson
P.O. Box 5469
Fort Richardson, AK 99505
(907) 337-3900



Service Application Page 2

- Please complete the applicable sections below. If additional space is required to explain the project, please attach additional pages.
- Three sets of plans are required for Doyon Utilities to review and approve.
- For Electric - Please provide a load letter consist with the requirements detailed in NEC Article 220.

WATER/SEWER

What is the average daily demand? _____ What is the expected peak demand? _____

What is the number of people/fixtures served? _____

STEAM (FWA & FGA only)

What is the quantity of energy needed? Average daily demand: _____

Peak demand: _____ Number of people/fixtures served: _____

ELECTRIC

Service Voltage: _____ Amps: _____ Number of meters: _____

Choose one: Single Phase Three Phase

GAS (FRA only)

Number of meters required: _____

Load details

Appliance Type	# of appliances	X	Load per unit BTU/hr	Total load BTU/hr
		X		
		X		
		X		
		X		

Delivery pressure required:

7" WC (standard) 2 psig

FOR INTERNAL PURPOSES ONLY

Service Order Description (DU description of services to be provided):

Army Project Number
