Submit Application
Email: cityelectric@escanaba.org
Escanaba City Electric

Mail or Drop Off:

1711 Sheridan Road
Escanaba, MI 49829
906-786-0061

NEW ELECTRIC SERVICE APPLICATION/SERVICE UPGRADE

(This is not a permit. It is the customer's responsibility to obtain additional permits/inspections.)

Customer/ Business Information

Name(s):_____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Utility Account Number: _____ Development Type: _____

Contractor Information

Contractor Name: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Billing Information	☐Contractor	☐Owner	☐Other
Complete only if checked ☒ other			
Name: _____	Address: _____		
City: _____	State: _____	Zip Code: _____	
Service Information	☐New Building	☐Service Upgrade	
Electric Type	☐Underground	☐Overhead	
	☐Temporary	☐Permanent	
Service Size:			
☐100 amp	☐200 amp	☐400 amp	☐Other
	Voltage: _____		
Estimated Load			
Amperage: _____	Estimated Demand: _____		

Service Location

Address: _____ Business Name (if applicable): _____

City: _____ State: _____ Zip Code: _____

Printed Name: _____

Signature: _____ Date: _____

☐I agree that the information on this application is correct to the best of my knowledge. I understand that any changes made to the above information or attached documents may increase the time and costs required for the City of Escanaba to provide service to the project. I acknowledge that I understand and agree to the Terms and Conditions for Electric Service, available at city electric@escanaba.org.