

## *Electric Service Requirements - Request For Change Form*

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| <p><b>To:</b>      <b>SaskPower</b><br/> <b>Customer Services</b><br/> <b>Supervisor, Metering Services</b><br/> <b>1600 1<sup>st</sup> Avenue</b><br/> <b>Regina, Saskatchewan</b><br/> <b>S4R 8G5</b></p> <p style="text-align: center;"><b>Fax: (306) 566-2265</b></p> | <p><b>From:</b> _____</p> <p><b>Location:</b> _____</p> <p><b>Date:</b> _____</p> <p><b>Phone #:</b> _____</p> |
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| I am requesting your review of the following (check one and complete):                                                                                                                                                                                                                                                                                                                                      |  |                                                                  |          |
| <input type="checkbox"/> <b>New Requirement</b>                                                                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/> <b>Revision to Existing Requirement</b> |          |
| Proposed New Section:                                                                                                                                                                                                                                                                                                                                                                                       |  | Existing Section:                                                |          |
| Section Title:                                                                                                                                                                                                                                                                                                                                                                                              |  | Section Title:                                                   |          |
| Section Number:                                                                                                                                                                                                                                                                                                                                                                                             |  | Section Number:                                                  | DRAWING: |
| Drawing:                                                                                                                                                                                                                                                                                                                                                                                                    |  | Drawing:                                                         |          |
| <p>Please give details of the request, including:</p> <ul style="list-style-type: none"> <li>- Why do you feel it is needed?</li> <li>- Where would it be used?</li> <li>- How do you propose it be done?</li> </ul> <p>Provide below, or on separate attached sheets, sketches, pictures or any descriptive information.</p> <div style="border: 1px solid black; height: 300px; margin-top: 10px;"></div> |  |                                                                  |          |
| <p>Received by Electric Service Requirements Review Committee    Date: _____</p>                                                                                                                                                                                                                                                                                                                            |  |                                                                  |          |