

REQUIREMENTS FOR ELECTRIC SERVICE EXEMPTION/REVISION FORM

Exemption Request

Revision Request

Please complete the following items:

Complete all sections of this form and sign & date the bottom of the page.

Take photos that show existing conditions and/or show what you are requesting (i.e. electric meter/mast for service upgrade) Include any additional information to support your request including drawings, specification sheets, etc.

Email this form, photos, and docs to PowerDevelopment@cityofloveland.org with subject line of "Exemption/Revision Form"

This request will go through an internal review process with Loveland Water and Power after which you will be contacted by email with an official approval or denial and explanation. If approved, there may be conditions required for the project to progress. If this request is approved, this is a one-time only exemption and future exemption requests will require submittal of another form.

Contact Information								
Request Submitted By:								
Company Name:								
Address:								
Phone:		Email	:					
		Electrical Co	ontr	actor Information				
Same as above? (If so, check box. If not, complete info below)								
Company Name:								
Contact Person:								
Address:								
Phone:		Email	:					
Draiget and Location Information								
Project and Location Information								
Project Name:								
Project Location:								
Exemption/Revision Request								
Section(s) of the Requirements to Electric Service my request applies to:								
I request the following exemption/revision:								
This practice will maintain or improve the safety and reliability by:								
This produce with maintain or improve the safety and rendamity by:								
understand	that by insert	ing my digital signature below and	sub	mitting this request for exemption, if granted, I/we hereby release,				

I understand that by inserting my digital signature below and submitting this request for exemption, if granted, I/we hereby release, indemnify, and hold harmless the City and its elected officials, employees, and agents from and against any and all liability, claims, demands, and causes of action whatsoever, whether presently known or unknown, by any person or entity who suffers any injury, disability, death, or other harm, to person or property or both, caused by, or claimed to be caused by the exemption or change requested above. Furthermore, I understand that approval of this form is based solely on my compliance with any listed conditions for approval.

Signature:	Date:	