

SPECIAL EVENT REQUEST FOR ELECTRIC



This form is in addition to the "Town Street Closure/Request for Services form. This form must be completed if electric service is required for any vendor/activity for an event. It is the event organizer's responsibility to coordinate with vendors regarding their electric needs; Berlin Electric Department staff will be glad to assist with any questions. Form must be signed and appropriate contact information provided to be considered. "Same as last year" will not be accepted for any category.

Today's Date:	Event start time:
Date(s) of the event:	Event end time:
Name of Event:	-
Number of vendors/activities needing electric service:	
Contact Name:	Contact Phone (Day):
Sponsoring Organization	_ Email:
Signature:	Date:
Printed Name:	_
Side 2 must be completed.	
NOTE: Electric service is available only in specific locations 1. Complete the reverse of this form to determine vendors 2. Contact the Berlin Electric Department to discuss needs vendors/activities requiring electric service. Electric Utility Director Tim Lawrence 410-629-1713 tlawrence@berlinmd.gov	s^\prime electric needs. Your vendors should know their requirements.
Reviewed by the Electric Utility Department: Date:	Initials:
Comments	

DETAILS OF EVENT: Please copy this page as needed.

Vendor:Phone:	Vendor:Phone:	
Primary Contact:	Primary Contact:	
	Vendor Type:	
Vendor Type:	Load Information	
Load Information		IZAZ
LightingKW Cooking KW	Lighting	KW KW
		
		KW
MiscellaneousKW	Miscellaneous	KW
Specify Unusual MotorsKW Other: KW		KW KW
Other:	Other:	KVV KW
Specify VoltageKW	Specify Voltage	KVV KW
Specify voltageKvv	Specify voltage	KVV
Location of Service:	Location of Service:	
(determined w/Electric Department)	(determined w/Electric Department)	
Vendor:Phone:	Vendor:Phone:	
Primary Contact:	Primary Contact:	
Vendor Type:	Vendor Type:	
Load Information	Load Information	1011
LightingKW		KW
CookingKW		KW
Water HeatingKW		KW
MiscellaneousKW		KW
Specify Unusual MotorsKW		KW
Other: KW	Other:	
Total LoadKW	Total Load	KW
Specify VoltageKW	Specify Voltage	KW
Location of Service:	Location of Service:	
(determined w/Electric Department)	(determined w/Electric Department)	
Vendor:Phone:	Vendor:Phone:	
Primary Contact:	Primary Contact:	
Vendor Type:	Vendor Type:	
Load Information	Load Information	
LightingKW	Lighting	KW
CookingKW	Cooking	KW
Water HeatingKW	Water Heating	KW
MiscellaneousKW	Miscellaneous	KW
Specify Unusual MotorsKW	Specify Unusual Motors	KW
Other: KW		KW
Total LoadKW	T-+-lld	KW
Specify VoltageKW	Specify Voltage	KW
Location of Service:	Location of Service:	
(determined w/Electric Department)	(determined w/Electric Department)	