PURCHASED UTILITIES SERVICE REQUEST

This form must be completed and returned to the Utilities Billing Department before activation or deactivation of utilities will be processed. This includes charges for University occupied space in owned or leased properties and new construction.

Utilities Business Services 1239 Kipke Dr., Rm 2300 Ann Arbor, MI 48109-2036 Phone:734/764-5189 Fax: 734/763-1285

SERVICE REQUEST & ACCOUNT INFORMATION

Building Name (Using Service) ___________________________ Bldg. # __________________

Address: ____________________________________________

Requested By: ___________________________ Date: _______ Phone#: ________

(Signature)

Short Code: (6 digits) or Chartfield Combination

Fund ______ Dept ID ______ Program _______ Project/Grant _______ Class ______

If Split between Short Codes

Short Codes to be split between ______, ______ and Percentage of Split ________

Please fill out below if Account Change Only:

Previous Short Code _______ or Previous Chartfield Combination

Fund ______ Dept ID ______ Program _______ Project/Grant _______ Class ______

Service Start Date ___________ End Date (If known) _________________________

Comments: ____________________________________________________________

METERING INFORMATION (If Available)

% New Meter/Service

% Replacing Existing Service Meter # being replaced _________________________

ELECTRIC

% DTE Energy Meter # ___________________________

% Consumers Energy Meter # ___________________________

% Other Meter # ___________________________

NATURAL GAS

% DTE Energy Meter # ___________________________

% Consumers Energy Meter # ___________________________

% Other Meter # ___________________________

WATER & SEWER

% City of Ann Arbor Meter # ___________________________

% Other Meter # ___________________________

Comments: ____________________________________________________________

Utility Billing Department use only:

Completed By ___________________________ Date _______________________

Comments ____________________________________________________________