

UNIVERSITY OF MINNESOTA

REQUEST FOR ENERGIZATION OF BUILDING SERVICES

Project Information

Project: _____ Project Number: _____
Owner's Representative: _____ Zone/District: _____
Phone: (_____) _____ Fax: (_____) _____ E-mail: _____

The contractor's representative to complete this section (Please print or type)

Today's Date: _____

Type of Energization Requested:

- | | |
|----------------------------------------|------------------------------------|
| <input type="radio"/> Electric | <input type="radio"/> Sewer |
| <input type="radio"/> Elevator | <input type="radio"/> Steam |
| <input type="radio"/> Fire Alarm | <input type="radio"/> Water |
| <input type="radio"/> Fire Suppression | <input type="radio"/> Other: _____ |
| <input type="radio"/> Gas | |

The energization is requested to occur on

Day and Date: _____ Start Time: _____ AM PM
End Time: _____ AM PM

By Contractor Representative: _____

Pager: (_____) _____

Cell: (_____) _____

By Contractor: _____

Phone (office): (_____) _____

Phone (home): (_____) _____

Requester: Hand-deliver or fax this completed form to the owner's representative

The owner's representative to complete this section

Work Order Number: _____ Date: _____
Energization Approved: _____ Notice Posted: _____