Date	Time ☐ a.m. Name of Utility			Telephone Number	
	□ p.m.				
Name of Person Calling			Name of Coop Serving		
Name of Customer		Location			
		SecTw	'p	R	
Address			County		
City			State	Zip Code	
Name of Nearest City			Distance	to the City	
When will service be ext	ended?	Type of Service ☐ Residence ☐ Storage ☐ Grain Bin ☐ Other			
Extension Length to Most Economical Point of Service		Extension			
Utility: Coop:		☐ Overhead ☐ Underground			
Has customer signed request for service?		Will cooperative protest application?			
□ Yes □ No		□ Yes □ No			
Name of Person Contacted (PSC Use)		Date of Contact (PSC Use) Time		Time (PSC Use)	□ a.m.
					□ p.m.
Estimated Cost of Extension		Estimated Revenue			
Under what rate filed with the Public Service Commission will customer be served?					
Will automica areas ava	r ocen lines?	Will extension cross over	railroad tra	ncks?	
Will extension cross over coop lines?		1			
☐ Yes ☐ No		☐ Yes ☐ No Date Authorized			
Temporary Authority Authorized By		Date Admonized			
☐ Telephone ☐ Lett					
Authorized By (Name of	Commissioner)				
Extension must be made from most economical point of service.					
Comments:					
				,	