

ELECTRICAL SERVICE REQUEST - STUART

Electrical Service Request

Please return this form by June 1 or no provisions will be made or allowed. All items are limited to 120-volt regular current, unless otherwise noted below. Understand that we may have to place a restriction on how much power is available upon receiving the total loads. Thank you for your cooperation.

CONTACT NAME		PHONE #	
COMMITTEE NAME			
VENDOR NAME			
LOCATION			

Primary Use:

	<u>Item</u>	<u>Qty.</u>
<input type="checkbox"/>	Lighting	_____
<input type="checkbox"/>	Refrigeration	_____
<input type="checkbox"/>	Coffee Maker	_____
<input type="checkbox"/>	Fountain Pop Machine	_____
<input type="checkbox"/>	Roaster	_____
<input type="checkbox"/>	Crock pot	_____
<input type="checkbox"/>	Frying Pan	_____
<input type="checkbox"/>	Other (please list)	_____

_____ Approximate # of outlets

Size of service needed – specific requests:

Please return this form by June 1 to:
 Stuart Chamber of Commerce
 RAGBRAI Committee
 P.O. Box 425
 Stuart, IA 50250