

# STOKES COUNTY APPLICATION FOR ELECTRICAL RECONNECTION

DATE: \_\_\_\_\_ Power Company: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Phone: \_\_\_\_\_

LOCATION OF PROPERTY \_\_\_\_\_

\_\_\_\_\_

NAME IN WHICH POWER WILL BE IN: \_\_\_\_\_

TYPE OF INSPECTION: RECONNECT POWER PERMIT FEE MINIMUM INSPECTION \$60.00 Please provide documentation that the owner of the property is aware that power is being connected to Residence.

Credit Card email to: **jpotter@co.stokes.nc.us** OR **klandreth@co.stokes.nc.us**

Name on Card: \_\_\_\_\_

MC \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ Other \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_ Signature Date