STATEMENT OF FACT

To:	Public Service Company of New Mexico (PNM) Date:		
From:	Electrical Contractor Company Name:		
	Address:		
	Phone #:		
	New Mexico Contractor License #		
	r connection is requested to be made without prior approval from the app ntative at the following location:	ropriate building of	ficial or designated
Bus	siness Name (blank if residence):		
Ado	dress:	Service Type. Che	eck all that apply:
City	y/Town/Pueblo:	Residential	Commercial
Par	ty Responsible for Billing:	Overhead	Underground
Add	dress:	□ Temp OH	□ Temp UG
Pho	one #:	OH Exchange	UG Exchange
The Pov	wer connection is being requested for the following reason (check one):		
Deso	cription of Emergency (Required):		
□ <u>Tri</u>	bal facility		
	Facility Description:		
□ <u>Mi</u>	litary, Federal, or other NMAC Exempt Facility		
	Facility Description:		·
Mexico codes, s Public S noncom notificat	A certify and affirm that I am duly licensed by the State of New Mexic I further certify and affirm that all work has been performed and verific andards and utility guidelines, adopted by the State of New Mexico, Service Company of New Mexico. I understand and acknowledge that pliant, the electric service may be disconnected by PNM by order of the tion, I will bring the installation into immediate compliance. I acknown stallation and its compliance with adopted codes and standards.	ied by me, to confo the local jurisdiction if the installation i e jurisdictional insp	rm with all current onal authority, and s determined to be pector, or that upon
	lifying Party:		
S	ignature:		
P	rinted Name:		
Т	itle:		
E	lectrical Journeyman's Certificate #		