

Utility Distributions System

Infrastructure Relocation Request Form

Relocation Application Form Request for Utility Relocation. This form must be submitted to eleccomm@medicinehat.ca.

Date of Application: _____

General Information

Applicant Information:

Contact Name: _____ Company: _____

Address: _____
Street Address

City Province Postal Code

Phone: _____ Email: _____

Invoice Billing Information (if different from applicant information):

Contact Name: _____ Company: _____

Address: _____
Street Address

City Province Postal Code

Phone: _____ Email: _____

Electrical Contractor / Consultant Information:

Contact Name: _____ Company: _____

Address: _____
Street Address

City Province Postal Code

Phone: _____ Email: _____

Preferred Contact: Applicant Consultant

Project Details

Project Name: _____

Construction Boundaries: _____

Project Scope of Work: _____

Planned Construction Start Date: _____

UDS Relocation Details

Will you be submitting an Application for Service for a new commercial / residential subdivision within the next 12 months?

- Yes No

If yes, please submit your Application for Service to eleccomm@medicinehat.ca (refer to "Medicine Hat Connect")

Requested Completion Date: _____

Note: For requests that include one piece of infrastructure, it takes a minimum of 6-8 weeks to complete a relocation. Projects that require the movement of multiple pieces of infrastructure will take longer.

Assets in conflict with construction limits (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Distribution pole(s) (including guy anchors) | <input type="checkbox"/> Overhead equipment |
| <input type="checkbox"/> Streetlight pole(s) | <input type="checkbox"/> Underground cable |
| <input type="checkbox"/> Luminaire(s) | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Manhole(s) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Pad mount equipment | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Vault(s) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Overhead conductor | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Underground duct bank | <input type="checkbox"/> _____ |

If you have requested for relocation for this project before, please provide the original Project Tracking Number: _____

Additional Comments:

Please provide additional information regarding this relocation project and attach any drawings or sketches, if available. Clearly, indicate the City of Medicine Hat electric utility assets that are in conflict with your project.

Final Checklist:

- There is a non-refundable application fee of \$500 to apply for service. Please include a cheque payable to the City of Medicine Hat with your application.
- Site drawing showing what infrastructure is in conflict and proposed relocation.