CASURECO II
Camarines Sur II Electric Cooperative, Inc.

INFO/ CHECKLIST FORM

✓ Date: _____

Name: ✓ _____ Spouse ✓ _____

Address or location of premises/bldg. applied for service: ✓ _____

_____

Contact Person: ✓ _____ Mobile #: ✓ _____

```
(please draw/ sketch give reference to help locate your premises/building) ✓




```
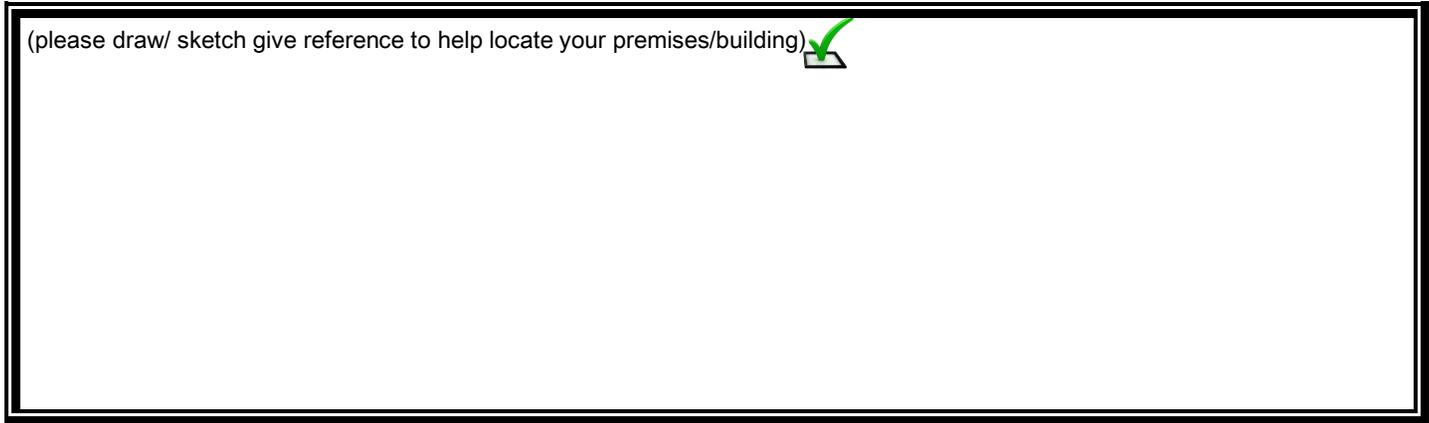
CLASSIFICATION OF PREMISES APPLIED FOR and its REQUIREMENTS

A. INDIGENOUS/ LIGHT MATERIALS

a. Electrical Lay-out/ Plan w/ vicinity map
b. Fire Safety Certificate
c. Zoning or UPAO Certificate
d. City Eng'rs Approval per EO-98-015
   (for Naga City Applicants Only)
e. Cert. of attendance PMS w/ 2pcs 1x1 ID pic.
   each/ spouse (for Non-member)
f. Notarized application (service and
   Membership contract) Form are available
   At MSD or Area Offices.
g. Billing Clearance (for old member)
h. KWatthour Meter Deposit/Inspection Fee.

C. CONSTRUCTION/ SPECIAL LIGHTING

a. Electrical Lay-out/ Plan w/ vicinity map
b. Fire Safety Certificate
c. Temporary Electrical Permit (CEO)
d. Notarized Application
e. Power Bill/ Meter Deposit
f. Inspection/ Service Fees

B. CONCRETE RES'L/ COMMERCIAL BLDGS.

a. Electrical Lay-out/ Plan w/ vicinity map
b. Building and Electrical Permit
c. Certificate of Occupancy
d. Cert. of attendance PMS w/ 2pcs 1x1 ID pic.
   each/ spouse (for Non-member)
e. Notarized application (service and
   Membership contract) Form are available
   At MSD or Area Offices.
f. Billing Clearance (for old member)
g. Business/Mayor's/DTI Permit (comm'l)
h. Special Power of Atty. Or Board Resolution
   Authorized their Rep. to sign for the
   Company (commercial)
i. KWatthour Meter Deposit/Inspection Fee.

Membership Fee OR# _____

Date Paid _____

HOUSEWIRING INSPECTOR REMARKS:

1st Inspection: _____

_____

_____

2nd Inspection: _____

_____

_____

3rd Inspection: _____

_____

_____

Computer Number: _____

Date received: _____

X/Mer # _____ Pole # _____

Feeder Number _____

✓

_____
CASURECO II REPRESENTATIVE

_____
Signature over Printed Name of Applicant