



SERVICE REQUEST FORM

Multi-Account Service

(Formerly known as, Call-In Privilege)

Fax: (702) 579-9301

Please Print/Type. Incomplete forms will be returned and may delay processing time

Customer No.	Date	Service Request Date (NO SAME DAY SERVICE)	Telephone No.	Fax No.
Multi-Account Service Account Name				
DBA				
Mailing Address (City, State, Zip)				
Authorized Agent (print)		Authorized Agent Signature		PIN
Type of Request (check only one type of request per form) <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Service Connection <input type="checkbox"/> Service Disconnection </div>				

Service Address			
Building No.	Apartment	Premise # (NPC only)	S/O # (NPC Only)

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Service Address			
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IMPORTANT: Fax Transmittals received after 3 p.m. (PST) will be processed the next business day. Incomplete forms will be returned and may delay processing time For NPC use only: RCR: _____ Date: ____/____/____ Ret Fax : ____/____/____ RCR _____