



Restore Power Form

When a structure has been vacant, without power for 6 months, and no construction activity has taken place this form must be completed and submitted to Albany Utilities by email at energy1@albanyga.gov

Date: _____ / _____ / _____

Name of Electrical Contractor _____

Electrical Contractor State License Number _____

Address where power is requested _____ Apt _____

Include any prefix or suffix such as north, south, east or west. Include Apartment, unit or lot number.

These items must be inspected. All boxes must be checked. This list is not all inclusive.

Electrical Service – From weather head to service panel.

Grounding System – Water ground in place if applicable and supplemental grounds as needed.

Devices, Equipment and Fixtures – Must be in place and show no signs of defects.

Attic Spaces – Checked for open boxes, damaged conductors, splices and other violations.

Under Floor Spaces - Checked for open boxes, damaged conductors, splices and other violations.

General – System checked for vandalism.

If any repairs are required, an electrical permit must be issued and smoke / carbon detectors added.

Electrical Contractor Signature _____

Printed Name _____

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