



**Town of Agawam**  
***Inspection Services Department***  
*Inspections - Code Enforcement*

1000 Suffield Street  
Agawam, MA 01001  
(413) 821-0632

Permit Number: \_\_\_\_\_

**Request To Restore Power**

**\$45.00 Fee**

**Check or Money Order Only - Payable to the "Town of Agawam"**

**Date:** \_\_\_\_\_

**Address Where Power is to be Restored:** \_\_\_\_\_

**Apartment/Unit/Suite # (if applicable):** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Property Owner's Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Name of Business (if applicable):** \_\_\_\_\_

**Contact Person if Different than Applicant/Owner:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

*I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.*

\_\_\_\_\_  
**Signature of Applicant**