



**ELECTRICAL SERVICES REQUEST – PAGE 2**

**CONNECTION TYPE**

Amperage \_\_\_\_\_

Straight Blade

Twistlock

Tie-in

**TIE-INS**

Please provide Date: \_\_\_\_\_

Time: \_\_\_\_\_

**FLOOR PLANS**

For open plan booths – please provide a floor plan showing the electrical locations. Complete with -

Set-up Date: \_\_\_\_\_

Time: \_\_\_\_\_