



**Work Request Form – Electric Commercial/Industrial**

**Need Date:**

<b>Customer Information:</b>		<b>Project Information:</b>	
Business Name		Work Request No.	
Tax ID No.		Service Method (OH/UG)	
Premise Address		Type (New, Upgrade, Temp)	
City, State, Zip		Main Switch (amps)	
Electric Bill Mailing Address		Voltage	# of phases
City, State, Zip		Metering (Primary/Secondary)	
Business Contact Name		Rate	Account Number
Business Contact Phone		Discounts (HVM, HVD, Both, None)	
Business Contact Email		<b>Notes:</b>	
<b>Contractor Information:</b>			
Contractor/Electrician Name			
Contractor/Electrician Phone			
Contractor/Electrician Email			
<b>Coordinator Use Only:</b>			
Peak Demand Load:		Meter Sockets Labeled:	
CT/PT Metering Required:			
Line or Meter Dept. to Set Meter:		Manual Bypass Lever Required:	
Operations Coordinator Name		Phone	Date



For both new applicants and existing customers, the applicant or customer shall submit a written request that includes the proposed connected load, diversified demand and load factor information.

CUSTOMER				SQUARE FOOTAGE			
WORK REQUEST NO.							
END USE	NUMBER	AMPS	VOLTAGE	KILOWATTS	HP	POWER FACTOR	ANNUAL HOURS USE
INSIDE LIGHTING							
OUTSIDE LIGHTING							
HEATING							
HVAC							
UNITARY HVAC							
CHILLERS							
REFRIGERATION							
WATER HEATING							
MOTORS							
MOTORS > 15 HP							
ELEVATOR							
FAN							
OVENS							
FIRE PUMP							
AIR COMPRESSOR							
DRILL							
SAW							
DRIVE MOTOR							
WELDER							
COMPUTERS							
MISCELLANEOUS							