

Need Date:

Customer Information:	Project Information:			
Customer Name	Work Request No.			
Premise Address	Service Method (OH/UG)			
City, State, Zip	Type (New, Upgrade, Temp)			
Electric Bill Mailing Address	Main Switch (amps)			
City, State, Zip	Voltage	( <mark># of phases</mark> )		
Date of Birth	Existing Meter #			
Driver's License No.	Rate	Account Number		
Customer Phone	Loc Class (NonHeat or Heat)			
Customer Email	Notes:			
Contractor Information:				
Contractor/Electrician Name				
Contractor/Electrician Phone				
Contractor/Electrician Email				
Coordinator Use Only:				
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.

	SQUARE FOOTAGE
WORK REQUEST NO.	

end use	NUMBER	AMPS	VOLTAGE	KILOWATTS	HP	POWER	ANNUAL
						FACTOR	HOURS
							USE
INSIDE LIGHTING							
OUTSIDE LIGHTING							
HEATING							
AIR CONDITIONING							
WATER HEATING							
DRYER							
WASHER							
COOKING							
REFRIGERATION							
ELEVATOR							
MISCELLANEOUS							