

ELECTRIC SERVICE REQUEST FORM

ATTENTION : _____

Phone No. _____ **Mobile No.** _____

Project Name: _____

Service Address _____

Mailing Address: _____

Owner's Name: _____ **Phone No.** _____

Type Business: _____

Information Provided By: _____ **Phone No.** _____

SERVICE CHARACTERISTICS

Volts	Main Ampacity	Estimated Power Factor:
Single Phase { }	Overhead Service { }	Largest Single Phase Motor HP
Three Phase { }	Underground Service { }	Largest Three Phase Motor

How many hours per day will be in operation? How many days per week in operation?
 How many shifts per day in operation? _____

Connected Electrical Loads

Special Instructions

Load Description	K W		
	<u>Single Phase</u>	<u>Three Phase</u>	
Interior Lighting			
Outdoor Lighting			
Cooking Equipment			
Water Heating _____ Gallons			
Resistant Heat			
Air Conditioning _____ Units			
Heat Pump _____ Units			
Motors			
Battery Chargers			
Outlets			
Misc.			
Misc.			
Misc.			

Date Temporary Service Desired: _____

Date Permanent Service Desired: _____

Today's Date: _____