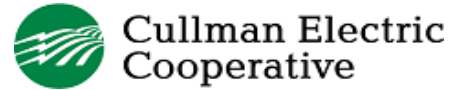


ELECTRIC SERVICE REQUEST FORM



ATTENTION : _____

Phone No. _____

Project Name: _____

Service Address _____

Mailing Address: _____

Owner's Name: _____ **Phone** _____

Type Business: _____

Information Contact: _____ **Phone** _____

SERVICE CHARACTERISTICS

Volts	<input type="text"/>	Main Ampacity	<input type="text"/>	Estimated Power Factor:	<input type="text"/>
Single Phase	<input type="text"/>	Overhead	<input type="text"/>	Largest Single Phase Motor	<input type="text"/>
Three Phase	<input type="text"/>	Underground	<input type="text"/>	Largest Three Phase Motor	<input type="text"/>

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: _____