

MEMBER/SERVICE LOCATION INFORMATION:

Date:	Name:	Phone:	
E-mail:			
Meter #:			
Service Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:

SERVICE TYPE:

<input type="checkbox"/> House	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Pole Barn/Garage
<input type="checkbox"/> Shop	<input type="checkbox"/> Grain Bins	<input type="checkbox"/> Irrigation
<input type="checkbox"/> Cell Tower	<input type="checkbox"/> Commercial/Industrial/Business	<input type="checkbox"/> Other: _____

EXISTING SERVICE ORIENTATION:

- Overhead
- Underground

EXISTING SERVICE SIZE:

- 100 A
- 200 A
- 400 A
- Other: _____

DESIRED SERVICE ORIENTATION:

- Overhead
- Underground

DESIRED SERVICE SIZE:

- 100 A
- 200 A
- 400 A
- Other: _____

DESIRED PHASING/VOLTAGE:

- | | |
|------------------------------------|------------------------------------|
| SINGLE PHASE | THREE PHASE |
| <input type="checkbox"/> 120/240 V | <input type="checkbox"/> 120/208 V |
| <input type="checkbox"/> 240/480 V | <input type="checkbox"/> 120/240 V |
| | <input type="checkbox"/> 240/480 V |
| | <input type="checkbox"/> 277/480 V |
| | <input type="checkbox"/> 480 V |

PROJECTED LOADING INFORMATION:

ADDITIONAL LOAD (kW): _____

BELOW THIS LINE FOR OFFICE USE ONLY

EXISTING PEAK DEMAND (kW): _____

NEW PEAK DEMAND (kW): _____

NOTES: