



## Electric Service Request / Alteration Information Sheet

ALL AREAS MUST BE COMPLETED. IF IT DOES NOT APPLY, PLEASE MARK N/A

Date Submitted: \_\_\_\_\_ Location of Request/Alteration: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

The following information is required to provide timely electric service to your project. Please complete this form and submit the requested data and a set of construction drawings (i.e. site/grading plan and electrical) to the City Public Works Department as soon as possible, but no later than sixty (60) days prior to requesting a construction permit. Site plan (2 copies) shall include: electrical plans (2 copies) with riser and one-line diagrams. Submit one (1) Service Request/Alteration Form for each metered service.

CONTACTS	COMPANY	CONTACT	PHONE	FAX
Customer				
Architect				
Gen. Contractor				
Electrical Contractor				

Temporary Service Request (attach billing information for temporary and permanent service):

None: \_\_\_\_\_ Underground: \_\_\_\_\_ Overhead: \_\_\_\_\_ Temporary off Permanent: \_\_\_\_\_  
 Date Required: \_\_\_\_\_ Voltage: \_\_\_\_\_ Phase: \_\_\_\_\_ # Wires: \_\_\_\_\_ Panel Size: \_\_\_\_\_ amps

Project Information:

Type of Project (residential, commercial, industrial): \_\_\_\_\_ Square Footage: \_\_\_\_\_  
 New Construction: \_\_\_\_\_ Addition: \_\_\_\_\_ Upgrade: \_\_\_\_\_ Other (describe): \_\_\_\_\_  
 Date of expected permanent connection to City Service: \_\_\_\_\_  
 Number of hours per week that facility will operate when completed: \_\_\_\_\_  
 Number of work shifts per day at the facility: \_\_\_\_\_

Electrical Data:

Type of Service Requested: \_\_\_\_\_ Voltage: \_\_\_\_\_ # of Phases: \_\_\_\_\_ # of Wires: \_\_\_\_\_  
 Panel Size: \_\_\_\_\_ amps Secondary Conductor: \_\_\_\_\_ # of Sets: \_\_\_\_\_ OH: \_\_\_\_\_ UG: \_\_\_\_\_

Information on Largest Motor:

Voltage: \_\_\_\_\_ HP: \_\_\_\_\_ LRA: \_\_\_\_\_ FLA: \_\_\_\_\_ Starting PF: \_\_\_\_\_% Running PF: \_\_\_\_\_%  
 NEMA Code Type: \_\_\_\_\_ # of Motor Starts/HR: \_\_\_\_\_ Motor start method: across the line: \_\_\_\_\_

Information on Non Linear Loads:

Uninterrupted Power Supplies: \_\_\_\_\_ Rates HP: \_\_\_\_\_ Voltage: \_\_\_\_\_ # of Phases: \_\_\_\_\_  
 # of Wires: \_\_\_\_\_ Battery Backup: \_\_\_\_\_ Maintenance Bypass switch: \_\_\_\_\_

Communications Equipment: Attach a brief system description and load requirements:

Rated HP: \_\_\_\_\_ Voltage: \_\_\_\_\_ # of Phases: \_\_\_\_\_ # of Wires: \_\_\_\_\_  
 Maintenance Bypass: \_\_\_\_\_ Harmonic Distortion on input supply at 50% \_\_\_\_\_ at 100% \_\_\_\_\_ loading.

