

NON-RESIDENTIAL SERVICE REQUEST FORM



To provide you with timely and accurate service, please complete all five sections of this form. The Delivery Information and Load / Equipment Information sections are needed by our engineering group to accurately meet your electrical requirements. If this information is not available at this time, please complete the Billing Information, Service (Site) Address Information, and Additional Contact Information sections so we can initiate your service request. Please fax or mail this information to:

ELIZABETHTON ELECTRIC, ATTN: ENGINEERING DEPT, 400 HATCHER LANE, ELIZABETHTON, TN 37643

FAX # 423-542-1108 • TELEPHONE # 423-547-8660

1) BILLING INFORMATION – Complete applicable fields.

Legal Name of Ownership: _____
Form of Ownership: Sole Proprietor Corporation Limited Liability Corporation Partnership Limited Liability Partnership
Doing Business As (DBA): _____
Federal Tax ID/SS #: _____
Mailing Address: _____
City: _____
Additional Mailing Info: _____
Billing Contact Name: _____
Daytime Phone #: (_____) _____ FAX #: (_____) _____ E-MAIL: _____
Property Ownership: Own Rent / Lease
Name of Property Owners: _____ Phone #: (_____) _____
Have you every had non-residential service with Elizabethton Electric? Yes No
If yes, list other Elizabethton Electric account # or service address. _____
If no, provide Dunn & Bradstreet (D&B) number if applicable. _____

2) SERVICE (SITE) ADDRESS INFORMATION – Complete applicable fields.

New Service (No Existing Service Lines) Existing Service (Existing Service Lines)
 Upgrade Existing Service (Existing Service Lines) provide Elizabethton Electric Account # or Meter # _____
Service Address/Location: _____
City: _____ State: _____ Zip: _____ County: _____
Directions from a main road: _____

What type of business or facility will this meter serve: _____
Hours of Operations: M – F _____ Weekends _____ Other _____
Requested By: _____ Title: _____
Daytime Phone #: (_____) _____ FAX #: (_____) _____ E-MAIL: _____
Alternate Phone #: (_____) _____ Date Service Needed: _____

NOTE: A final inspection may be needed to complete your service request. Check with the appropriate City or County Inspections Dept., to determine their communication procedures with Elizabethton Electric.

3) ADDITIONAL CONTACT INFORMATION – Complete applicable fields.

General Contractor/Builder Name: _____ Electrician Name: _____
Daytime Phone #: (_____) _____ Daytime Phone #: (_____) _____
Alternate Phone #: (_____) _____ Alternate Phone #: (_____) _____
FAX #: (_____) _____ FAX #: (_____) _____
E-MAIL: _____ E-MAIL: _____

4) DELIVERY INFORMATION - Complete applicable fields.

Total Load _____(KW) Additional Load Only _____(KW) Estimated KW Demand _____(KW)
Check Service Desired: Overhead Underground Customer Wire Type: Copper Aluminum
Check Phase Desired: Single Phase 3-Phase Delivery Voltage: _____ (Volts) Number of wires: 3 4
Service Size: _____ (Amps)

4) DELIVERY INFORMATION - (Continued)

of Conductors Per Phase: _____ Size of Conductors: _____ # of Neutral Conductors: _____ Size of Neutral: _____

NOTE: If underground 3 Phase Service is required, the number of conductors per phase is limited to 12.

Gross Square Footage: _____ Conditioned Square Footage: _____

EED Work Request #: _____ Send Confirmation FAX to: _____ FAX #: (_____) _____

5) LOAD / EQUIPMENT INFORMATION – Complete applicable fields.

LIGHTING / RECEPTACLE INFORMATION

Interior Lights: _____ (KW)
 Exterior Lights: _____ (KW)
 Receptacles: _____ (Quantity)
 Receptacles: _____ Total (KW)

WATER HEATING INFORMATION

Domestic: _____
 Quantity: _____
 Size / Gallons: _____
 Total KW: _____

Sanitary: _____
 Quantity: _____
 Size / Gallons: _____
 Total KW: _____

Booster: _____
 Quantity: _____
 Size / Gallons: _____
 Total KW: _____

NOTE: Make additional copies of this form as needed to supply all equipment information. If multiples of the same type of equipment exists, include the information for the group on one row in the appropriate grid. The KW, AMP, and VOLT columns will represent a single piece of equipment and is applicable to all equipment included in the group.

HEATING / COOLING INFORMATION			
TYPE OF HEAT / COOLING (Heat Pump, Strip Resistance Heat, Electric Furnace, Any Backup Heating, Central A/C, Window A/C, Chiller Load, Fans, Pumps, Cooling Tower, Other)	QTY	SIZE (Tons / BTU's Per Unit)	KW (Per Unit)

Provide Starting / Lock rotor Amps for the largest unit _____. If this unit has starting compensation, provide a description _____

FOOD SERVICE INFORMATION			
TYPE OF EQUIPMENT (Cooking, Refrigeration, Other)	DESCRIPTION (Range/Oven, Refrigeration, Freezer, Microwave, etc.)	QTY	KW (Per Unit)

MOTOR DATA					
DESCRIPTION OF EACH MOTOR (Motors not included elsewhere on this form)	QTY	HP (Per Unit)	KW (Per Unit)	Starting Frequency # Times / Interval	3 PH Y/N

Provide Starting / Lock rotor Amps for the largest motor _____. If this motor has starting compensation, provide description _____

Note: Starting compensation not required for motors equal to or less than 7.5 HP (7.5KW).

OTHER MISCELLANEOUS EQUIPMENT					
TYPE OF EQUIPMENT (Welder, X-Ray, etc.)	QTY	AMPS (Per Unit)	VOLTS (Per Unit)	KW (Per Unit)	3 PH Y/N

Provide Starting / Surge Amps for the largest unit _____. If this unit has starting compensation, provide description _____

Special Instructions – Provide additional information that was not captured above.
