

REQUEST FOR NEW ELECTRIC SERVICE

FOR OFFICE USE ONLY
WO# _____

DATE: _____

NAME or COMPANY _____
(NAME YOU WANT ACCOUNT IN) (PLEASE PRINT) TELEPHONE (HOME) (MOBILE)

ADDRESS: _____
STREET CITY STATE ZIP BUSINESS TELEPHONE

NOTE: PLEASE LIST BELOW THE NAMES OF COMPANY REPRESENTATIVES OR LOCAL PERSONNEL & TELEPHONE NO.

MEMBER OF NINNESCAH RURAL ELECTRIC? YES ___ NO ___ IF YES - HOW SIGNED: _____

LEGAL LAND DESCRIPTION: _____ QUARTER, SECTION _____, TOWNSHIP _____, RANGE _____, COUNTY _____
 APPROXIMATELY _____ MILES (N-S-E-W) FROM _____ WILL YOU BE FARMING THE GROUND? YES - NO.
(Town)

DESCRIPTION OF WHAT ELECTRICITY WILL BE USED FOR: _____

HORSEPOWER AND/OR KW _____ OR POSSIBLE LOAD IN AMPS

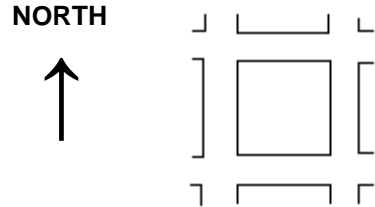
SERVICE REQUIRED: SINGLE PHASE [] OR THREE PHASE []

VOLTAGE REQUIRED: 120/240V [] 240/480V [] 480V [] 7.2KV Y PRIMARY []

OTHER REQUIREMENTS - PLEASE SPECIFY: _____

PERMANENT SERVICE [] OR TEMPORARY SERVICE []

NOTE: PLEASE INDICATE LOCATION BELOW!



ELECTRICIAN: _____ TELE: _____

GEN. CONTRACTOR: _____ TELE: _____

REV 06/04

*****THE INFORMATION IN THIS SECTION MUST BE COMPLETED IN ORDER FOR THIS REQUEST TO BE PROCESSED*****

PRINT NAME : _____
(Full Legal Name)

LANDOWNER : _____

SIGNED BY : _____
(Full Legal Name)

ADDRESS : _____

COMPANY : _____
(If applicable)

LEASE NAME : _____
(If applicable)

ALL INFORMATION BELOW FOR OFFICE USE ONLY

EST. CONS. LINE EXT. COST _____ EST. NINNESCAH CONS. COST _____ TOTAL CONS COST _____

RATE _____ MONTHLY OR YEARLY CUSTOMER CHARGE _____ HORSEPOWER CHARGE _____ LINE EXTENSION

CHARGE MONTHLY OR YEARLY: _____ FOR _____ YEARS CONTRIBUTION-IN-AID-OF-CONSTRUCTION _____

MEMBER WIRING - YES OR NO APPROVED BY _____ DATE _____ APPROVED BY _____ DATE _____

CHECKED BY: _____ CHECKED WITH: _____ DATE CHECKED: _____ AGREEMENT - YES OR NO

NOTES
