

This form is your initial cost estimate request for building facilities required to serve power to your new electric service. This form is only for three phase services or services requiring more than 75 kVA capacity. The more information you can provide the more accurate our engineering department's estimate will be. **Minimum Required Information (***Must be completed before request will be forwarded to Engineering*):

Owner (Name):	Today's Date:	
Telephone:	Email:	
Architect / Engineer / Contractor (Name):_		
Mailing Address:		
Contact Person Telephone:	Email:	
New Service Location (provide at least one)		
Street Address:	City:	State:
Latitude:	Longitude:	
Additional Information:	ood store (will include refrigerated and frozen foo	
Type of Construction:	Total Square Footage	:
Electric Service Desired: Main disconnect size	e amps	
Phasing: Voltage: Wire-size/nun	nber: Est. Demand: amps or	kW
List any specialized equipment with its load (k large motors or compressors, welders, medica		•
Alternate Energy Sources: anatural gas		
Use(s) of alternate energy: If you already have a site plan, electrical (E)		nlesse provide those a
in you alleauy have a site plan, electrical (E)	one-me urawing, and/or load calculations	piease provide those a

well. They will be required after the initial consultation.

Signature:_____