

NEW SERVICE PROGRESS FORM

Please complete this data sheet to the best of your knowledge. We must have this information to locate your property and properly size your electric service.

ECEC USE ONLY

A/C #: _____

Location: _____

Date Rec'd: _____

WO#: _____

Name: _____

By: _____

Date: _____

Name: _____

Current Mailing Address: _____

Service Location Address: _____
(include Fire # if possible)

Subdivision: _____ Lot Number: _____

Phone: (____) _____ (____) _____
Daytime Evening

E-Mail Address: _____ Mobile/Cell #: (____) _____

PROPERTY INFORMATION

Description: Mobile Manufactured Modular Conventional Pole Shed Other

Location: _____ County _____ Township _____ Section _____ Sq. Feet of Living Area _____

Your nearest neighbor: _____ is _____ ft. _____ from your location
Name/Address N-S-E-W

Does your work require the UDC Electrical Inspection Certificate? Yes No

(An answer is required. If you cannot answer this question, please contact your town clerk/chair or county zoning department)

Type of Service Desired:

- Permanent
- Temporary/Construction – ECEC supplied
Additional fees will apply
- Temporary/Construction – Member supplied
Additional fees will apply
- 200 amp 400 amp 600 amp service size
- I am planning to enroll in OFF Peak*

Contractor Name(s) & Phone Number(s)

Building contractor: _____

Phone Number: (____) _____

Electrical contractor: _____

Phone Number: (____) _____

- I am acting as my own building contractor
- I am doing my own wiring

Location of electric meter (bypass meter required):

- Underground post/pedestal
- On home; N – S – E – W wall
- On detached garage or pole shed

Appliances: Electric Propane N.Gas Other None

Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Central Air cond. yes no size (in tons) _____

Grnd Wtr Heat Pump yes no size (in tons) _____

Other Large Appliances or Shop Equipment

*Off Peak Dual Fuel or Heat Storage Program and a double meter socket will be installed.