



THE POWER OF ACTION

ELECTRIC SERVICE REQUEST

Contractor Service Phone # (800)664-6729 Fax # (800)882-0322

NOTE: ALL INFORMATION MUST BE COMPLETED IN ORDER TO PROCESS REQUEST

Type of Service: Residential Industrial Apartment Municipal Commercial

Person/Company Responsible for Billing:

Mailing Address: House # Street

Town/Village/City State NY Zip Code Email Address

Telephone #: Day Time Contact Telephone #:

Existing or Prior Customer - Account #: - SS# or EIN#

Service Address: House # Street

Bldg #/Floor / Unit Lot #

Town/Village/City County State NY Zip Code

Is this a Business (Y/N) If so what type

Type of Structure: Mobile/Modular Y/N Mobile Modular Other

Foundation Completed By: / / (mm/dd/yy) Structure Framed: (Y/N)

To Be Framed/Delivered By: / / (mm/dd/yy) Lot Staked Yes No

Contractor Name: Contractor Telephone:

Fax #: Estimated Date Service Requested:

Number of Meters: Metering: Primary Secondary Additional Meter: Yes No

Service to be Installed: New Temporary Relocation Upgrade Increased Load: Yes No

KW Load: Amperage Voltage: Single Phase Three Phase

Barn Camp Garage Office House Meter Stand Trailer Other

Service Type: Underground Development Overhead Underground

Meter Type: KWH KWH w/Demand No Meter to Install Reactive meter

Nearest Neighbors Address:

Customer's Signature:

FOR OFFICE USE ONLY:

Date Fax Received ESR NUMBER: Existing Lateral: Yes No