

Member Load Information Sheet

MEMBER INFORMATION

Name: _____

Address: _____

City: _____ State _____ Zip _____

Contact Name: _____ Phone _____

SERVICE INFORMATION

1. New Service or Increased Load w/Acct# _____

2. Requesting: Overhead Service Underground Service

Proposed Building Classification: _____

Building Area (Sq. Ft.): _____

All Electric Facility: Yes No

Phase/Voltage: 1Ø-120/240 3Ø-120/240 3Ø-120/208 3Ø-277/480

Other _____

LOADS

SINGLE PHASE

THREE PHASE

Lights: _____ KW

_____ KW

Receptacles: _____ KW

_____ KW

Heating: _____ KW

_____ KW

A/C _____ KW

_____ KW

Refrigeration: _____ KW

_____ KW

Cooking: _____ KW

_____ KW

Water Heating: _____ KW

_____ KW

Motors: _____ KW

_____ KW

Mechanical: _____ KW

_____ KW

Miscellaneous: _____ KW

_____ KW

Total Connected: _____ KW

_____ KW

Largest Motor: _____ HP

1Ø 3Ø

Number and Size of Service Entrance Conductors:

Phase Size: _____ Neutral Size: _____ No. of Conductors per phase: _____

Remarks _____

