EAST GRAND FORKS
WATER & LIGHT DEPARTMENT
PRELIMINARY SERVICE CONNECTION APPLICATION

Name of Customer: _____

Location of Service: _____

Individual to Contact: _____

Telephone Number: _____

Owner's Representative: (e.g. Architect, Engineer, Contractor)

Name:_____

Address:_____

Individual to Contact: _____

Telephone Number: _____

Type of Service Required

1. _____ Temporary _____ Permanent
2. _____ Primary _____ Secondary
3. _____ Overhead _____ Underground
4. _____ City _____ Rural
5. _____ Residential _____ Commercial _____ Industrial _____ Other _____

Date Service Needed: Temporary _____/_____/_____
Permanent _____/_____/_____

Estimated Electric Load Data

_____KW Lighting Load

_____KW Electric Cooling

_____KW Electric Heating

_____KW Air Handling

_____KW Refrigeration

_____KW Motors– _____HP of Largest Motor _____ Total HP of all Motors

_____KW Other Loads _____

_____KW Total Load

_____KW of Estimated Total Maximum Demand

_____% of Estimated Average Power Factor

_____Amp Service Entrance

_____Volt Service

_____Phase Service

_____Wire

Customer Signature: _____Date: _____/_____/_____

NOTE: ELECTRICAL PLANS AND NATIONAL ELECTRIC CODE LOAD CALCULATIONS SHOULD BE SUPPLIED AS SOON AS AVAILABLE.