

Pascoag Utility District Electric Division

Service Location Request

Account Number: _____

You must return this paper to Pascoag Utility District before Electrical Construction begins. Please fill out completely and legibly.

To Be Completed By Applicant _____

Date _____

Customer _____ Phone
Number _____

Service Address:

Lot. No. _____ Pole/Pad/M.H. No. _____ Town _____

Current Mailing Address _____ Phone
Number _____

Electrician _____ Phone
Number _____

Address _____ License
Number _____

Kind of Service

Residential Commercial Industrial Municipal

State:

Massachusetts Rhode Island

Type of Service

Temp. New Upgrade Service From _____ Amps to _____
Amps _____

Development Plan Attached

Yes To Follow Construction O.H. U.G.
 Other _____

Heating: Electric Yes No

Electrical Requirements:

Service Entrance: Voltage _____ Amps _____ Phase _____

No. of Meters Present _____ Proposed _____ Chk. If Meter for Common Areas

To Be Completed by Utility Company

Work Auth. No. _____ Construction: O.H. _____
U.G. _____

Length of Service _____ Crib No. _____ Transformer
No. _____

Crib Load _____ KVA

All Meter Sockets must be Permanently Marked. Manual Bypass Required on Public Meters, Owners Meters
and all Commercial Meters Except for Signs and Tool Sheds.

Electrician's Preference
(NOT FOR CONSTRUCTION)

Electric Company's Sketch
(REQUIRED LOCATION)
(Note: This location is good for 90 days from this date.)

Approved Service Location is:

Signed: _____ Date: _____

Date Location
Desired: _____