

**CITY OF VERNON
UTILITIES DEPARTMENT
ELECTRIC SERVICE PLANNING INFORMATION**

1. Company Name: _____
 Company Address: _____
 Contact Name: _____ Telephone No. _____
 Type of Business: _____
 Operating Hours: _____ Total Facility Size: _____

2. Electric Service Request:

- New tenant in building using existing electric service (name change on electric bill)
 Existing Panel Rating _____ Amps Voltage _____
 Estimated Total Connected Load _____ kW Estimated Demand _____ kW
- Load Addition to Existing Electric Service
 Existing Panel Rating _____ Amps Voltage _____
 Estimated Total Connected Load _____ kW Estimated Demand _____ kW
 (including additions) (including additions)
- Installation of New Electric Panel
 New Panel Rating _____ Amps Voltage _____
 Estimated Total Connected Load _____ kW Estimated Demand _____ kW

Date _____

Submitted by _____ Print Name _____

Title _____ Estimated Date For Electric Request _____

FOR OFFICE USE ONLY

Customer Service	Engineering
Account No. _____	Transformer _____
Meter No. _____	Transformer Size _____
Phase _____	Secondary Conductor Size _____
Rate: GS1 GS2 TOU-G TOU-V	Additional Customers on bank _____
Service is ON / OFF	FDR# _____ LOAD BLOCK # _____
NOTES _____	NOTES _____
_____	_____
_____	_____
_____	Action Item _____
_____	_____