

**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 \_\_\_\_\_ V  
 Estimated Total Connected Load \_\_\_\_\_ Amps Estimated Demand \_\_\_\_\_ Amps

Load Addition to Existing Electrical Service

Existing Panel Rating \_\_\_\_\_ Amps Voltage \_\_\_\_\_ V  
 Existing Peak Load (Demand) \_\_\_\_\_ Amps Additional Load (Connected) \_\_\_\_\_ Amps

Installation of New Electric Panel

New Panel Rating \_\_\_\_\_ Amps Voltage \_\_\_\_\_ V  
 Estimated Total Connected Load \_\_\_\_\_ Amps Estimated Demand \_\_\_\_\_ Amps

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_ Estimated Date For Electric Request \_\_\_\_\_  
 Signature: \_\_\_\_\_

**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 _____
Service is ON    OFF	FDR# _____ LOAD BLOCK # _____
NOTES _____	NOTES _____
_____	_____
_____	_____
_____	Action Item _____
_____	_____