



## Commercial & Industrial Load Requirements

Name: \_\_\_\_\_ WO #: \_\_\_\_\_  
LEC USE ONLY

Physical Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Cell

General Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Service Requested: \_\_\_\_\_ Project Location: \_\_\_\_\_

Single Phase 120/240  Single Phase 240/480  Other: \_\_\_\_\_  
 3 Phase 120/208  3 Phase 277/480  Other: \_\_\_\_\_

Service Entrance Type: Overhead  Underground  Meter Base Size (If required): Qty \_\_\_\_\_ Amp \_\_\_\_\_

Disconnect Size (Required): Qty \_\_\_\_\_ Amp \_\_\_\_\_ Number of Conductors per Phase: Qty \_\_\_\_\_ Wire Size \_\_\_\_\_

Qty:	Equipment Description:	Run Time:	Voltage:	HP:	Full Load Amps:
<b>Total:</b>					

Signature \_\_\_\_\_ Printed Name Title Date