REQUEST FOR SERVICE | NEWNAN UTILITIES | COMMERCIAL OR SINGLE RESIDENTIAL

Customer Name			**Date**	**E-Mail**	
Location of Service			**Phone #**	**Fax #**	
Account Number	**Total Electric** Yes ☐ No ☐	☐ **New Customer**	☐ **Existing Customer**	**Square Feet**	**Type of Business**

Newnan Utilities Engineer/Designer

Electrical Contractor

General Contractor

Property Owner

Electrical Engineer

DESIRED SERVICE CHARACTERISTICS

SECONDARY SERVICE TO BE INSTALLED BY: **Customer** ☐ **Newnan Utilities** ☐

SERVICE SIZE: _____

Overhead ☐ Pad mount ☐ Overhead/Underground ☐

Primary ☐ 1 p = _____ A @ _____ %PF

1 s = _____ A @ _____ %PF

Volts	**Phase**	**Wire**

Service Entrance AMPS	**Estimated Service Date**

Plot Plan Provided	**Primary Voltage** 7200 kV

Confirmation of Service ☐ **Fault Currents** ☐

To: Name

Address

Additional Load In kW, Tons, or Horsepower (not amps)

DESCRIPTION	1 PHASE	3 PHASE	TOTAL kW
Interior lights			kW
Exterior lights			kW
Heat Pump			kW
Tons			kW
Air Conditioning			kW
Air Handling			kW
Resistance Heating			kW
Cooking			kW
Water Heating			kW
Refrigeration			kW
Misc. Power			kW
Receptacles			kW
Motors			kW
TOTAL CONNECTED LOAD			kW
Largest motor			hp

(FOR NEWNAN UTILITIES USE ONLY)

CONTRACT/REVENUE INFORMATION

ADDED REVENUE	RATE
kW MINIMUM	ANNUAL kWh

CONTRACT REQUIRED: YES ☐ NO ☐

CONTRACT EXECUTED: YES ☐ NO ☐

REMARKS:

DEMANDS (kW)

	EXISTING	ADDITIONAL	TOTAL
Summer			
Winter			

Future kWD Anticipated: Yes ☐ No ☐ _____ kW

METERING

Meter Location: Pad ☐ Bldg. ☐ Other ☐ _____

Meter Type _____

CT Quantity, Size, Type _____

CT Mounting Arrangement _____

Date Metering Info Sent _____