

# CUSTOMER LOAD DATA

CUSTOMER'S NAME	ADDRESS	TELEPHONE NO.
CONTRACTOR'S NAME	ADDRESS	TELEPHONE NO.
ELECTRICIAN'S NAME	ADDRESS	TELEPHONE NO.
LOCATION	SERVICE ADDRESS	
<input type="checkbox"/> PROSPECTIVE NEW CUSTOMER		<input type="checkbox"/> PROSPECTIVE INCREASE LOAD

### BUILDING INFORMATION

Building Use: \_\_\_\_\_ Expected Hours of Operation \_\_\_\_\_ Square Footage \_\_\_\_\_ Shifts \_\_\_\_\_

### SERVICE INFORMATION

Existing Service \_\_\_\_\_ Amps \_\_\_\_\_ Volts \_\_\_\_\_ Phase \_\_\_\_\_ Wire \_\_\_\_\_  
 Service Desired \_\_\_\_\_ Amps \_\_\_\_\_ Volts \_\_\_\_\_ Phase \_\_\_\_\_ Wire \_\_\_\_\_  
 Date Service Desired \_\_\_\_\_ Number of Existing Meters \_\_\_\_\_ Number of New Meters \_\_\_\_\_  
 Size of Main Panel \_\_\_\_\_ Amps \_\_\_\_\_ Rate Classification \_\_\_\_\_  
 Metering Requirements \_\_\_\_\_ Load Management?  Yes  No  
 Request Fault Current?  No  Yes (Submit request form) No. of Runs of Secondary \_\_\_\_\_

### CONNECTED LOADS

	Existing	New/Increase		Existing	New/Increase
Air Conditioning	HP/TONS	_____	Motor Load	HP	_____
Cooking Equipment	KW	_____	Refrigeration	KW	_____
Heating Load	KW	_____	Storage Heat	KW	_____
Lighting Load	KW	_____	Water Heating	KW	_____
Receptacles	KW	_____	Special Equip. (Welder, X-Ray, Etc)	KW	_____
Miscellaneous	KW	_____			
Total Connected _____ KW			Estimated Demand _____ KW		

Emergency Generator  No  Yes Size \_\_\_\_\_ Switch Type \_\_\_\_\_  
 List all individual motors over 5 HP \_\_\_\_\_

(Single phase motors over 5 HP and three phase motors over 10 HP require reduced voltage starting) (Use back of sheet if necessary)

Miscellaneous Motors \_\_\_\_\_

This data will be used for transformer sizing and connected load billing information for this account. If load changes significantly, contact the District Office.

Completed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Accepted by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 (Utility Representative)

## For Utility Use Only

District \_\_\_\_\_ Town \_\_\_\_\_  
 Circuit \_\_\_\_\_ Line Name \_\_\_\_\_ Pole/Pad Number \_\_\_\_\_  
 Present Demand \_\_\_\_\_ Expected Increase \_\_\_\_\_ Expected Total Demand \_\_\_\_\_  
 Estimated Annual Revenues \_\_\_\_\_  
 From: \_\_\_\_\_ Dept. \_\_\_\_\_ Date \_\_\_\_\_

TO:  ENGINEERING  METERING  DISTRICT SUPERINTENDENT  ENERGY SERVICES  
 ENERGY PLANNING  CUSTOMER SERVICES  DISTRICT MANAGER  
 OTHER \_\_\_\_\_

**VERMONT UTILITIES ELECTRIC SERVICE REQUIREMENTS**

DRAWING #501