

# Pascoag Utility District Electric Division

## Service Location Request

Account Number: \_\_\_\_\_

\_\_\_\_\_

You must return this paper to Pascoag Utility District before Electrical Construction begins. Please fill out completely and legibly.

To Be Completed By Applicant

Date \_\_\_\_\_

Customer \_\_\_\_\_ Phone  
Number \_\_\_\_\_

Service Address:

\_\_\_\_\_  
\_\_\_\_\_

Lot. No. \_\_\_\_\_ Pole/Pad/M.H. No. \_\_\_\_\_ Town \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ Phone  
Number \_\_\_\_\_

Electrician \_\_\_\_\_ Phone  
Number \_\_\_\_\_

Address \_\_\_\_\_ License  
Number \_\_\_\_\_

### Kind of Service

Residential  Commercial  Industrial  Municipal

### State:

Massachusetts  Rhode Island

### Type of Service

Temp.  New Upgrade Service From \_\_\_\_\_ Amps to \_\_\_\_\_  
Amps \_\_\_\_\_

### Development Plan Attached

Yes  To Follow  Construction  O.H.  U.G.   
Other \_\_\_\_\_

Heating: Electric  Yes  No

### Electrical Requirements:

Service Entrance: Voltage \_\_\_\_\_ Amps \_\_\_\_\_ Phase \_\_\_\_\_

No. of Meters Present \_\_\_\_\_ Proposed \_\_\_\_\_ Chk. If Meter for Cor  non Areas

---

**To Be Completed by Utility Company**

Work Auth. No. \_\_\_\_\_ Construction: O.H. \_\_\_\_\_  
U.G. \_\_\_\_\_

Length of Service \_\_\_\_\_ Crib No. \_\_\_\_\_ Transformer  
No. \_\_\_\_\_

Crib Load \_\_\_\_\_ KVA

All Meter Sockets must be Permanently Marked. Manual Bypass Required on Public Meters, Owners Meters  
and all Commercial Meters Except for Signs and Tool Sheds.

Electrician's Preference  
(NOT FOR CONSTRUCTION)

Electric Company's Sketch  
(REQUIRED LOCATION)  
(Note: This location is good for 90 days from this date.)

Approved Service Location is:

---

---

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Date Location  
Desired: \_\_\_\_\_