Electrical Service Application

Date: _____

Customer Name: _____
Billing Address: _____

_____

Telephone # _____
Address of Project: _____
Email Address: _____

Contractor Name: _____
Billing Address: _____

_____

Physical Address: _____

_____

Telephone # _____
Email Address _____

Total Square Footage: _____ Affected Square Footage: _____

Voltage Requested

- ○ 120/240 single phase
- ○ 120/240 3 phase
- ○ 120/208 3 phase
- ○ 277/480 3 phase

Size of primary disconnect: _____
Number of primary disconnects: _____

Is the building all electric? ○ Yes ○ No
Does the building have gas? ○ Yes ○ No

If building has gas, please list appliances / items:

_____

_____

_____

_____

_____

_____

Service Entrance? ○ Yes ○ No
Conductor Size: _____
Conduit Size: _____

Overhead or Underground? _____
Number of Conductors: _____
Number of Conduits: _____

Describe work to be completed:

Customers Responsibility for Underground Secondary

Commercial

- Ditch (needs to be a minimum of 24” deep, must be inspected)
- Burial tape installed roughly 12” above conduit
- Supply pipe
- Supply wire
- Supply connectors for transformer

Residential

- Ditch (needs to be a minimum of 24” deep, must be inspected)
- Burial tape installed roughly 12” above conduit
- Pipe
- Pull string in pipe

If a line extension or transformer upgrade is required, the City will provide a cost estimate for the necessary work. Payment in full must be received prior to the commencement of any work.

By signing this document, you acknowledge that the information provided is true and accurate to the best of your knowledge. The City of Whitesboro shall not be held financially or otherwise responsible for any costs, damages, materials, labor, or issues resulting from inaccurate or incomplete information provided by the applicant.

Applicant’s Name (Printed): _____

Applicant’s Signature: _____

Date: _____ Telephone # _____

FOR OFFICIAL CITY USE ONLY

Date Received: Received by: