



NEW SERVICE CHECKLIST
INFORMATION NEEDED WHEN APPLYING FOR NEW ELECTRIC SERVICE

- 1. Customer Number: Electric Acct#: Fiber Acct#: SML#:
2. Service Order Number:
3. Applicant Name: Spouse/Joint Applicant Name:
4. Current Mailing Address: City/State/Zip:
5. Home Phone #: Work Phone #: Cell Phone #:
6. Email Address: (Email address will be used to communicate the status updates for your new Electric service)
7. Physical (911) Address of Property:
8. Location of property: (complete as many as possible)
- County, Township, Range and Section
- Closest Town and Road Name
- Nearest Electric Service
- Nearest Pole Tag # if available
9. Do you want Co-Mo Connect Fiber Services (Internet, Phone and/or Television)? (circle Yes or No)
a. Yes
b. No
10. Non-Commercial (see 10A) or Commercial (see 10B): (circle one)
10A. Building service to what type structure: (circle one)
a. Camper / Travel Trailer
b. Farm
c. House
d. Seasonal Residence
e. Mobile Home
f. Well
g. Other:
10B. Building service to what type structure: (circle one)
a. Chicken, Hog or Turkey Barns
b. Commercial Building
c. Communication Tower
d. Condominium
e. Pumping Station / Irrigation Systems
f. Other:
Square Footage: Square Footage:

11. Type of heat building will have: (circle one)

- a. All Electric
- b. Gas Heat
- c. Ground Source Heat Pump
- d. Wood Heat
- e. Air Source Heat Pump
- f. Other: \_\_\_\_\_

12. Size of Service needed: (circle one)

- a. 200 Amp
- b. 400 Amp
- c. 600 Amp or Greater
- d. Single service requiring more than 100 KVA will require a Large Power Contract [Form 01]

13. Do you want Dusk to Dawn Outdoor Lighting installed? (circle Yes or No)

a. Yes

(Note: Applicant agrees to receive and pay for said service for a period of ONE (1) year from date service is made available.)

b. No

14. Right-of-way will be cleared by Member. Service Planning Technicians will advise what right-of-way needs to be cleared in order to provide electric service and if a notarized Right-of-way Easement is required. The clearing should be 20 feet on each side of the proposed electric line.

15. \*Electrician Name & Phone #: \_\_\_\_\_

\_\_\_\_\_

16. \*Contractor Name & Phone #: \_\_\_\_\_

\_\_\_\_\_

\*Note: If multiple electricians or contractors are bidding this job, please list all names.

**By signing this form, you're granting permission to Co-Mo Connect Powered by Co-Mo Electric Cooperative to provide information regarding this new service request to the electrician(s) and contractor(s) listed above.**

**Main Applicant Signature:** \_\_\_\_\_ **Joint Applicant Signature:** \_\_\_\_\_

**Please return this completed form along with your Application for Membership and Electric Service and the Non-Refundable Processing Fee to Co-Mo. Once all of these items are received, a Service Planning Technician will contact you by phone to set up a staking appointment to discuss the installation of your new service.**

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