

## NEW SERVICE CHECKLIST INFORMATION NEEDED WHEN APPLYING FOR <u>NEW</u> 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: ,	38:			
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)				
	(Email	l address will be used	d to communicate the s	tatus updates for your new Electric service)	
7.	Physical (911) Address	of Property:			
8.	<ul><li>Closest Town and I</li><li>Nearest Electric Se</li></ul>	, Range and Section al land description of Road Name ervice	n property deed)		
9.	Do you want Co-Mo Co a. Yes (Note: 33% sa	onnect Fiber Service	s (Internet, Phone and/o up for Fiber services a	or Television)? (circle Yes or No)  t the same time as your new Electric service. Fiber & Electric service must be built first.)	
	a. Camper / Travel ? b. Farm c. House d. Seasonal Residen e. Mobile Home f. Well g. Other:	what type structure: (Frailer	circle one) 10	B. 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	e:		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 in a. Yes	stalled? (circle Yes or No)
(Note: Applicant agrees to receive and pay available.)	y for said service for a period of ONE (1) year from date service is made
b. No	
	Planning Technicians will advise what right-of-way needs to be notarized Right-of-way Easement is required. The clearing should be 20
15. *Electrician Name & Phone #:	
16. *Contractor Name & Phone #:	
*Note: If multiple electricians or contractors are bi	
By signing this form, you're granting permission to information regarding this new service request to the	Co-Mo Connect Powered by Co-Mo Electric Cooperative to provide he electrician(s) and contractor(s) listed above.
Main Applicant Signature:	Joint Applicant Signature:
	Application for Membership and Electric Service and the \$150.00 ll of these items are received, a Service Planning Technician will contact scuss the installation of your new service.