



**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 \_\_\_\_\_  
(Found on legal land description on property deed)  
- Closest Town and Road Name \_\_\_\_\_  
- Nearest Electric Service \_\_\_\_\_  
- Nearest Pole Tag # if available \_\_\_\_\_

9. Do you want Co-Mo Connect Fiber Services (Internet and/or Home Phone)? (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: \_\_\_\_\_

Square Footage: \_\_\_\_\_

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: \_\_\_\_\_

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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