



***SERVICE UPGRADE CHECKLIST***  
***INFORMATION NEEDED WHEN UPGRADING NON-COMMERCIAL ELECTRIC SERVICE***

1. Customer Number:      Account Number:      SML#:      Serv Loc#:
  
2. Contact Tracking Number:
  
3. Applicant Name:  
Spouse/Joint Applicant Name:
  
4. Current Billing Address:  
City/State/Zip:
  
5. Home Phone#:  
Work Phone #:  
Cell Phone #:
  
6. Email Address: \_\_\_\_\_
  
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 \_\_\_\_\_
  
9. 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: \_\_\_\_\_
  
10. 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: \_\_\_\_\_
  
11. Size of Service needed: (circle one)
  - a. 200 Amp
  - b. 400 Amp
  - c. 600 Amp or Greater

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

13. \*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 Electric to provide information regarding this service upgrade request to the electrician(s) and contractor(s) listed above.**

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

**Please return this completed form along with all fees listed on your cover letter (which includes the \$150.00 Non-Refundable Processing Fee) to Co-Mo in the enclosed return envelope to ensure proper delivery. Once all of these items are received, a Service Planning Technician will contact you by phone to set up an appointment to discuss your upgrade.**

**OFFICE USE ONLY**

Size of Service \_\_\_\_\_ Location of Meter \_\_\_\_\_

ROW Clearing \_\_\_\_\_ Stumps Treated / Cut at Ground Level \_\_\_\_\_

ROW Easement Required Yes \_\_\_\_\_ No \_\_\_\_\_

Fees Quoted: AIC \$ \_\_\_\_\_ Total \$ \_\_\_\_\_ Paid Invoice # \_\_\_\_\_

Transformer Size \_\_\_\_\_ Single Phase \_\_\_\_\_ Three Phase \_\_\_\_\_ Line Voltage \_\_\_\_\_  
120/240 120/208 277/480

*I have met with the Service Planning Technician, on \_\_\_\_\_ (date) and I agree to the information explained above. I hereby release Co-Mo Electric Cooperative, Inc. of being liable or financially responsible for any damages done to privately owned underground facilities or any facilities not registered to be located by the Missouri One Call System. I understand that Aid-In-Construction is a non-refundable one-time payment due to the Cooperative before any construction activities commence.*

\_\_\_\_\_ (Consumer's Signature)

COMMENTS: