



NON-RESIDENTIAL ELECTRIC SERVICE APPLICATION

DATE: _____

SERVICE ADDRESS: _____

MUNICIPALITY:

OWNER'S FULL NAME: _____

TELEPHONE NUMBER: _____

ALTERNATE NUMBER: _____

- City of Kaukauna*^
- Village of Little Chute*^
- Village of Combined Locks*
- Village of Wrightstown*
- Town of Buchanan*
- Other _____
- Town of Vanden Broek**
- Town of Kaukauna**
- Town of Freedom*
- Town of Oneida*
- Town of Holland**

MAILING ADDRESS: _____

* Contact local inspector for permit
 ** Affidavit required
 ^ Municipal certified electrician required

ELECTRICIAN OR BUILDER: _____

TELEPHONE #: _____

TYPE OF SERVICE:

- Agricultural
- Commercial
- Industrial
- Municipal
- Seasonal
- Apartment Building (# of Units: _____)
- Temporary (See utility for cost)
- Other: _____

SERVICE INFORMATION

Select One: <input type="checkbox"/> Overhead (400 Amp or Less) <input type="checkbox"/> Underground	Service Size (100 to 1600 Amps): _____ Service Cable MCM (if > 400 Amps): _____ <input type="checkbox"/> Cu <input type="checkbox"/> Al <input type="checkbox"/> Comp Al Number of Parallel Runs: _____ Calculated Load kVA: _____ Anticipated Diversity (%): _____ Square Footage of Building Served: _____ AC Unit Size (Tons): _____ Type of Heating: _____ BTU: _____
Select Voltage: <input type="checkbox"/> 120/240 1-Ph 3W (400 Amp or Less) <input type="checkbox"/> 120/208 3-Ph 4W Y <input type="checkbox"/> 277/480 3-Ph 4W Y <input type="checkbox"/> 7200/12,470 3-Ph 4W Y (Call Utility)	

List All Motors (what it will be used for, hp, locked-rotor current, & voltage)(attach additional sheets as needed)*:

**See utility service rules for soft-start requirements and rural limitations*

The following checklist must be completed before the utility will process this application:

- Contact Utility to discuss new service (Distribution Tech's # (920) 462-0222 or Distribution Engineer's # (920) 462-0214)
- Application card filled out by owner/electrician/builder/consultant engineer
- Address posted (temporary posting permitted until permanent sign can be placed)
- Submit completed application (see below)

APPLICANT'S SIGNATURE STATING THE ABOVE ITEMS ARE COMPLETE: _____

FAX FORM TO (920) 462-0034
 TELEPHONE # (920) 766-5721

--OR--

MAIL TO: Kaukauna Utilities
 Attention: Engineering Tech
 P.O. Box 1777
 777 Island Street
 Kaukauna, WI 54130-7077

FOR UTILITY USE ONLY

METER #: _____
 METER SERIAL #: _____
 DIAL SIZE: _____
 MULTIPLIER: _____
 READING: _____
 AMR ID# / PHONE#: _____
 W.O. # _____
 CYCLE/ROUTE/WALK/#: _____
 CUSTOMER #: _____
 ACCOUNT #: _____

	Date	Initials
DT/DE Received		
Meter Tech Prep		
File in W.O.		
Meter Issued		
Meter Installed		
Meter Tech Records		
Billing Clerk (File)		