



RESIDENTIAL ELECTRIC SERVICE APPLICATION

DATE: _____

SERVICE ADDRESS: _____

MUNICIPALITY:

OWNER'S FULL NAME: _____

TELEPHONE NUMBER: _____

ALTERNATE NUMBER: _____

- | | |
|---|---|
| <input type="checkbox"/> City of Kaukauna*^ | <input type="checkbox"/> Town of Vanden Broek** |
| <input type="checkbox"/> Village of Little Chute*^ | <input type="checkbox"/> Town of Kaukauna** |
| <input type="checkbox"/> Village of Combined Locks* | <input type="checkbox"/> Town of Freedom* |
| <input type="checkbox"/> Village of Wrightstown* | <input type="checkbox"/> Town of Oneida* |
| <input type="checkbox"/> Town of Buchanan* | <input type="checkbox"/> Town of Holland** |
| <input type="checkbox"/> Other _____ | |

MAILING ADDRESS: _____

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

ELECTRICIAN OR BUILDER: _____

TELEPHONE #: _____

TYPE OF DWELLING:

- | | |
|--|---|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Condominium / Townhouse |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Apartment Building (# of Units: _____) |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Other: _____ |

SERVICE INFORMATION (All residential services are 120/240 volt single-phase):

Select one: <input type="checkbox"/> New Overhead Service <input type="checkbox"/> New Underground Service* <input type="checkbox"/> Service Upgrade - Old Service Size: _____	New service size: <input type="checkbox"/> 100 Amp <input type="checkbox"/> 200 Amp <input type="checkbox"/> 320 Amp <input type="checkbox"/> 400 Amp	Select all that apply: <input type="checkbox"/> Temporary Service (minimum \$175 charge) <input type="checkbox"/> Electric Heat <input type="checkbox"/> Central Air Conditioner <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Electric Water Heater <input type="checkbox"/> Electric Range <input type="checkbox"/> Electric Dryer
---	--	--

* An underground service lateral may require a payment in advance if placed in an area served by existing overhead utility facilities.

For all new services, one of the following checklists must be entirely completed:

<p align="center">OVERHEAD SERVICE</p> <input type="checkbox"/> Application card filled out by owner/electrician/builder <input type="checkbox"/> Address posted <input type="checkbox"/> Meter socket location approved by utility <input type="checkbox"/> Meter socket & service equipment installed <input type="checkbox"/> Service inspected-or-affidavit signed (per municipality) <input type="checkbox"/> Submit completed application (see below) <p align="center"><i>Overhead services are scheduled on Tuesdays or Fridays. Contact the utility at least 48 hours in advance.</i></p>	<p align="center">UNDERGROUND SERVICE</p> <input type="checkbox"/> Application card filled out by owner/electrician/builder <input type="checkbox"/> Address posted <input type="checkbox"/> Meter socket location approved by utility <input type="checkbox"/> Meter socket & service equipment installed <input type="checkbox"/> Service inspected-or-affidavit signed (per municipality) <input type="checkbox"/> Backfilled and final grade established <input type="checkbox"/> Cable route cleared of all obstructions <input type="checkbox"/> Winter charge (November 15 - March 15) = \$250 <input type="checkbox"/> Submit completed application (see below) <p align="center"><i>Underground services may take several weeks to energize once the above steps are done, dependent upon utility work load and weather. Utility is not responsible for damage to unmarked privately owned underground facilities.</i></p>
---	---

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 #: _____
 CYCLE/ROUTE/WALK#: _____
 CUSTOMER #: _____
 ACCOUNT #: _____

	Date	Initials
Dist. Tech Received		
Meter Issued		
Meter Installed		
Meter Tech Records		
Billing Clerk (File)		