



**NON-RESIDENTIAL ELECTRIC  
SERVICE APPLICATION**

DATE: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

**MUNICIPALITY:**

BUSINESS NAME: \_\_\_\_\_

- |  |   |
|--|---|
| <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 _____               |   |

OWNER'S FULL NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ALTERNATE NUMBER: \_\_\_\_\_

**MUNICIPAL PERMIT REQUIRED IN ALL CASES**

MAILING ADDRESS: \_\_\_\_\_

**TYPE OF SERVICE:**

ELECTRICIAN OR BUILDER: \_\_\_\_\_

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Seasonal                              |
| <input type="checkbox"/> Commercial   | <input type="checkbox"/> Apartment Building (# of Units: ____) |
| <input type="checkbox"/> Industrial   | <input type="checkbox"/> Temporary (See utility for cost)      |
| <input type="checkbox"/> Municipal    | <input type="checkbox"/> Other: _____                          |

TELEPHONE #: \_\_\_\_\_

**SERVICE INFORMATION**

<b>Select One:</b> <input type="checkbox"/> Overhead (400 Amp or Less) <input type="checkbox"/> Underground	<b>Service Size (100 to 1600 Amps):</b> _____ <b>Service Cable MCM (if &gt; 400 Amps):</b> _____ <input type="checkbox"/> Cu <input type="checkbox"/> Al <input type="checkbox"/> Comp A <b>Number of Parallel Runs:</b> _____ <b>Calculated Load kVA:</b> _____ <b>Anticipated Diversity (%):</b> _____ <b>Square Footage of Building Served:</b> _____ <b>AC Unit Size (Tons):</b> _____ <b>Type of Heating:</b> _____ <b>BTU:</b> _____
<b>Select Voltage:</b> <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"/> Greater than 480 V (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 (Engineering Tech's #(920) 462-0222 or Manager of Elect. Dist. # (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 #: \_\_\_\_\_  
 CTR/PTR/MULTIPLIER: \_\_\_\_\_  
 DIALS: \_\_\_\_\_  
 READING: \_\_\_\_\_  
 METERING TYPE:  Conventional secondary  
                            Primary (12.5 kV)  
                            Primary (34.5 kV)  
 W.O. #: \_\_\_\_\_  
 AMR ID #: \_\_\_\_\_  
 MODEM PH #: \_\_\_\_\_  
 CYCLE/ROUTE/WALK/#: \_\_\_\_\_  
 ACCOUNT #: \_\_\_\_\_

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