



NON- RESIDENTIAL ELECTRIC SERVICE APPLICATION

Date: _____

Service Address: _____

Business Name: _____

Owner's Full Name: _____

Telephone Number: _____

Alternate Number: _____

Email Address: _____

Mailing Address: _____

Electrician or Builder: _____

Telephone Number: _____

Municipality:

- | | |
|--|--|
| ☐ City of Kaukauna | ☐ Town of Vandenbroek |
| ☐ Village of Little Chute | ☐ Town of Kaukauna |
| ☐ Village of Combined Locks | ☐ Town of Freedom |
| ☐ Village of Wrightstown | ☐ Town of Oneida |
| ☐ Town of Buchanan | ☐ Town of Holland |
| ☐ Other | |

MUNICIPAL PERMIT REQUIRED IN ALL CASES.

Type of Service:

- | | |
|--------------------------------------|---|
| ☐ Agriculture | ☐ Seasonal |
| ☐ Commercial | ☐ Apartment Building (# of units ____) |
| ☐ Industrial | ☐ Temporary (See utility for cost) |
| ☐ Municipal | ☐ Other |

Service Information

Select One: ☐ Overhead (400 Amp or Less) ☐ Underground	Service Size (100 to 1600 Amps): Service Cable MCM (if > 400 Amps): Number of Parallel Runs: ☐ Cu ☐ A1 ☐ Comp A
Select Voltage: ☐ 120/240 1-Ph 3W (400 Amp or Less) ☐ 120/208 3-Ph 4W Y ☐ 277/480 3-Ph 4W Y ☐ Greater than 480 V (Call Utility)	Calculated Load kVA: Anticipated Diversity (%): Square Footage of Building Served: AC Unit Size (Tons): Type of Heating: BTU:

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) and site map
- ☐ Temporary service needed? If so, a second and separate service application is required.

Applicants Signature Stating the Above Items are Complete:

Email to: kumail@ku-wi.org

-OR-

Mail to: Kaukauna Utilities

Attention: Project Engineer
P.O. Box 1777
777 Island Street
Kaukauna, WI 54130-7077

For Utility Use Only	
Meter #:	
Meter Serial #:	
CTR/PTR/Multiplier:	
Dials:	
Reading:	
Meter Type:	☐ Conventional Secondary ☐ Primary (12.5 kV) ☐ Primary (34.5 kV)
W.O. #:	
AMR ID#:	
Modem Ph #:	
Cycle/Route/Walk#:	
Account #:	

	Date	Initials
Proj. Eng. Received		
Meter Tech Prep		
File in W.O.		
Meter Issued		
Meter Installed		
Meter Tech Records		
Billing Clerk (File)		
Customer #		