



REQUEST for ELECTRICAL SERVICE

1

Date Activity UIC

Requestor Information

Requestor Code
 Telephone/DSN Email address
 Point of Contact Telephone

2

Billing Address:
 Command
 Street City State Zip

Billing Information

Paying Address:
 Command
 Street City State Zip

3

Project Name/Number Govt. Owned Govt. Leased Required Date

Service Address / Bldg #:
 Street
 City State Zip

Project Information

Scope Of Utility Work:

Utility Provider/ Address:
 Provider
 Street City State Zip
 Funding Available: Yes No Funding Source Point of Contact
 Telephone Email address



REQUEST for ELECTRICAL SERVICE

4	<p>Type of Service: Overhead Underground</p> <p>Service : New Upgrade Change/Altered Service Voltage:</p> <p>Phasing: Single Three Other</p> <p>Connection: Delta Wye Grounded</p> <p>Service Meter Location:</p> <p>Metering: Primary Secondary</p> <ul style="list-style-type: none"> SPECIAL REQUIREMENTS: Yes No . If YES provide specific details in the remarks below. PROVIDE CONNECTION POINT DRAWING/EQUIPMENT SCHEDULE & SITE UTILITY DRAWINGS
----------	--

5	TYPE	LOAD (KW)		LIST OF LARGE MOTORS = TO OR>7.5 HP			
		Single	Three	Motor Size HP	Qty	Phase 1/3	Est KW
	Lighting						
	HVAC Cool						
	HVAC Heating						
	Water Heater						
	Refrigeration						
	Large Motors						
	Receptacles						
	Connected Load						KW
Total Overall Connected Load	KW						

Max Demand Load = Total Connected Load X Demand Factor = _____ KW

Annual Consumption = MAX Demand Load X Load Factor X Hrs/Yr = _____ KWHR

Annual Estimated Cost = Annual Consumption X \$/KWH(unit cost) = _____ Yrly Cost

6	<p>Remarks</p> <ul style="list-style-type: none"> PROVIDE CONNECTION POINT DRAWING/ EQUIPMENT SCHEDULE & SITE UTILITY DRAWINGS SUBMIT ELECTRONICALLY TO NFECL_utilitiesacquisition@navy.mil .
----------	---