



**SUSSEX
RURAL ELECTRIC COOPERATIVE**

A Touchstone Energy® Partner
The power of human connections

DATE: _____

TEMP W.O.# _____ TEMP S.O.# _____

PERM W.O.# _____ PERM S.O.# _____

SERVICE REQUIREMENT SUMMARY (SRS)

FOR SINGLE PHASE SERVICE

Tel: 973.875.5101 x121 Engineering Department – Call with Questions

Fax: 973.875.4114

1. Meter Locations and Point of Attachment must be approved by SREC.
2. Modular Buildings: Call SREC prior to ordering home for service location.

Note: Service will not be connected until this form is completed and returned.

PART I

INFORMATION TO BE COMPLETED BY THE APPLICANT OR ELECTRICIAN

Owners Name: _____ Phone: _____

Address: _____

E-mail: _____ Fax: _____

Electrician: _____ Phone: _____

Builder: _____ Phone: _____

Building Location: _____ Twp: _____ Block: _____ Lot: _____

Requirements: Voltage: _____ Amps: _____ Overhead: _____ Underground: _____

Temp. Pole Service Needed: No: ___ Yes: ___ (If yes, call for Specifications) 2nd Service: _____

PART II - This information is needed to size service wire & transformer.

APPLICANT OR ELECTRICIAN MUST FILL ALL BLANKS OF CONNECTED KW/HP LOAD¹

Type of Heat: Oil: _____ Gas: _____ ETS: _____ Electric: _____ kW Other (Describe): _____

Lights: _____ kW Stove: _____ kW Freezer: _____ kW Dryer: _____ kW Refrig: _____ kW

Pumps/Well: _____ HP Jacuzzi: _____ kW/HP Pool Pump: _____ HP Elec. H2O Heater: _____ kW

Central Air: _____ Tons Other Load Not Listed: _____

TO BE COMPLETED BY SREC

BD DIST: _____ TOWN: _____ COUNTY: _____ SUBSTATION: _____

FEEDER: _____ PHASE: _____ LINE SEC: _____ SEC. FOOT: _____ COND TYPE: _____

INSP DATE: _____ INSP # _____ INSP NAME: _____

2nd SERV: _____ KVA: _____ PAD/POLE # _____ LOCATION: _____

REMARKS: _____

¹ For help in sizing your load, go to <http://www.sussexrec.com/brochures/watts.html>