

DATE: _____

ТЕМР W.O.# _____ ТЕМР S.O.# _____

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

SERVICE REQUIREMENT SUMMARY (SRS) FOR NEW ELECTRIC SERVICE Tel: 973.875.5101 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.

D. DT I

I AKI 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) 2 nd Service:	
Part II <u>Electrician or Applicant must fill all blanks of connected kW/HP Load</u> ¹	
Type of Heat: Oil: Gas: ETS: Electr	ric: 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. I	FOOT: COND TYPE:
INSP DATE: INSP # INSP NAME:	
2 nd SERV: KVA: PAD/POLE # LOCATION:	
REMARKS:	

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