



New Service Questionnaire (Non-Residential)

Customer's Name _____
(Legal Name for Contracts)

Phone () _____ Cell () _____ Fax () _____ Email _____

Service Address _____
(Number, Street, City, State, Zip Code)

Mailing Address _____
(Number, Street, City, State, Zip Code)

Engineer or Contractor _____

Phone () _____ Cell () _____ Fax () _____ Email _____

Approximate date that service will be required: _____

Required Electrical Information

Type of Business: _____ Business Square Footage: _____

Electrical Service Size and Type: _____ Amps Underground Overhead

Single Phase: 120/240V 120/208V 240/480V 240V

Three Phase: 120/208V 277/480V 120/240V* 240/480V*

*Closed Delta service is not available for new services and Open Delta services are limited to 80 KVA .

Phase Wire Size _____ Neutral Wire Size _____ Number of Parallel Runs _____

Current Transformers are required for services larger than 320 Amps single-phase or 200 Amps three-phase and must be located at the customer's switchgear for services larger than 800 Amps.

Wall mounted Can Freestanding Can Pole Mounted Can

Indoor Switchgear Outdoor Switchgear N/A

Will there be generation at this facility? Yes No Automatic Transfer Switch? Yes No N/A

Total New Connected Load (new): _____ KW

Total Preexisting Load (if applicable): _____ KW

Maximum Estimated Demand: _____ KW Estimated PF at Maximum Demand: _____

Itemize all motors larger than 5 HP single-phase and 15 HP three-phase. Use additional sheets if required:

Size in HP	Quantity	Starting Amps	Running Amps	Class	Phase	Voltage	Starts Per Day

Customer Signature _____ Date _____

Initial Rate Assignment _____ (Determined by PUD Representative)