

NEW SERVICE APPLICATION

(1)	APPLICANT INFORMATION
ACCOUNT NAME:	
CUSTOMER NO:	
CONTACT NAME:	
PRIMARY PHONE:	
SECONDARY PHONE:	
EMAIL ADDRESS:	

(5)	ELECTRICIAN INFORMATION
BUSINESS NAME:	
CONTACT NAME:	
PRIMARY PHONE:	
SECONDARY PHONE	
EMAIL ADDRESS:	

(2)	(2) JOB SITE INFORMATION		
DO YOU OWI	N OR RENT?	🗌 own	RENT
PROPERTY O	WNER OF RECORD:		
PHYSICAL ADDRESS:			
CITY, STATE & ZIP:			
APN or MAP	TAX LOT NO:		
COUNTY:			

6)) SERVICE REQUIREMENTS		
OPERATING VOLTAG	E (VOLTS):		
ERVICE PANEL RATI	NG (AMPS):		
OPERATING DEMAND) (кw):		
OTAL CONNECTED L	OAD <mark>(KW)</mark> :		
a. 🗌 SINGLE	PHASE	THREE PHASE	
b. 🗌 OVERHE	AD		

(3)	CATEGORY OF	CONSTRUCTION
	RESIDENTIAL/DOMESTIC	
	IRRIGATION/AGRICULTURAL	OTHER

(4) DESCRIPTION OF FACILITY/EQUIPMENT TO BE SERVED

Please provide a brief description of the facility/equipment to be served. Please include any identifying names or numbers associated, if applicalbe, for SVEC's records.

(7) IRRIGATION PUMP and/or PIVOT INFORMATION
This section is only applicable if you are installing an irrigation pump and/or pivot(s) for agricultral use. Please fill out all applicable information below.
Are there any motors/drives being installed which are classified as variable frequency drive (VFD), adjustable speed, electronic speed, etc?
PRIMARY PUMP (HP):
BOOSTER PUMP (HP):
PIVOT (HP):
PIVOT (NO OF SECTIONS):
DOES PIVOT HAVE END GUN?

	SVEC USE ON	LY	
SERVICE ORDER NO:	COUNTY:	SUB & CIRCUIT:	
CUSTOMER NO:	TAX CODE:	SUPPLEMENTAL AGREEMENT:	
WORK ORDER NO:	TWN:	VFD AGREEMENT:	
SERVICE MAP LOC:	RNG:	CIAC AMOUNT: \$	
ТҮРЕ:	SEC:		
RATE:	TOTAL KVA:	DATE RECEIVED	
DESCRIPTION:	TOTAL HP:	DATE RECEIVED	