

Electric Service Request Form

Instructions: Complete each section of the Electric Service Request (ESR) Form below. All fields required unless otherwise noted. If required fields are not completed, it may result in a delay of the processing of your application or a rejection.

Section 1: Project Information

Project Name: _____

Customer Name: _____

Requested In-Service Date: _____

Service Street Address: _____

Power Type:

City: _____ Zip Code: _____

☐ Permanent

☐ Temporary

Please Note: This is the Service Address NOT the Billing Address.

Construction Start Date: _____

Work Order Number (7 digits): _____ or

SPID Number (10 digits): _____

To obtain the above numbers call 412-393-4343 to speak to New Business.

Section 2: Contact Information

Role	Name	Company	Phone Number	Email
Owner				
Engineer				
Electrician				
Contractor				

Please Note: Owner role *must* be fully completed.

Primary Contact for Project: _____

Section 3: Building Type

Please select a building type from below. If multi-building, a separate ESR must be completed for each building.

Area (Sq Ft): _____

☐ 1-Shift Industrial /
Manufacturing

☐ Construction Trailers

☐ Healthcare

☐ 2-Shift Industrial /
Manufacturing

☐ Data Center

☐ Hospitality

☐ 3-Shift Industrial /
Manufacturing

☐ Education

☐ Office Large

☐ Apartments (# of Units: ____)

☐ Emergency Use/ Public Use

☐ Office Small

☐ Construction

☐ EV Transport Electrification

☐ Other

☐ Greenhouse/Grow Facility

☐ Retail

☐ Government

☐ Warehouse/Spec Building



Section 4: Electrical Information

Load Breakdown

Present Largest Motor (If applies) (HP): _____

New Largest Motor (HP): _____ (kW): _____

Lighting (kW): _____

Cooling Load (kW): _____

Heating Load (kW): _____

EV Charging Max Load (kW): _____

Other Loads (kW): _____

Total Load (Sum Above) (kW): _____

Total Load should equal all above loads.

Electrical Breakdown

Select one from below:

☐ 120/240 volt, 1-Phase / 3-Wire

☐ 120/208 volt, 3-Phase / 4-Wire

☐ 277/480 volt, 3-Phase / 4-Wire

☐ Other: _____

Service Size

Amps: _____ Wire Size / Type: _____

Number of Secondary Runs: _____

Metering

☐ Single Meter

☐ Multiple Meters (Number of Meters: _____)

Location of Meter(s): _____

Location of CT/PT's (If applies): _____

Metering in Switch Gear, services above 480V, and/or multiple meters require Metering Review.

On-Site Generation / Interconnection

Use of Generation: ☐ Parallel or ☐ Back-Up

System Type: _____

Size of System (AC kW): _____

Section 5: Additional Information

Power Factor at Meter (If known): _____

Will Corrective Power Factor Equipment be installed: ☐ Yes or ☐ No

If Yes: Type: _____ Size: _____

Redundant Service Requested: _____ Yes or No

Required Documents:

☐ Site Plan (Sent in PDF or CAD only) and ☐ Single Line (Sent in PDF only) and ☐ Riser Diagram

(If applicable) Will there be tenants: ☐ Yes or ☐ No

If so, will tenants be ☐ Residential or ☐ Commercial

Additional notes to consider (Include special loads like medical imaging, instant water heater, driveway melt, etc):



The Next Pages are for DLC Use Only





Service Request and Approval Form

FOR DLC USE ONLY (DLC Internal When Filled In)

Project Name: _____

Business Services Employee: _____

FPN: _____

Circuit Number: _____

Parcel ID: _____

WO#: _____

Service	Present Installation (To be replaced)					Proposed Installation (New Service)			
	Voltage	Phase	Wires	Max Summer (kW)	Max Winter (kW)	Voltage	Phase / Wire	Max Summer (kW)	Max Winter (kW)
Present						Proposed			
Largest Motor				HP		Largest Motor		HP	

Note: Legacy Voltage may not be used for new installations.

General Questions:

Were sufficient drawings provided by Customer?

☐ Yes

☐ No (Why: _____)

Will there be On-Site Generation?

☐ Yes: Parallel or Back-Up (Contact Interconnection@duqlight.com when sending to Planning)

☐ No

Is the customer installing Electric Vehicle Charging?

☐ Yes (Contact Electricvehicles@duqlight.com when sending to Planning)

☐ No

Is this customer replacing or upgrading equipment that does NOT fall under OH or UG T&D?

☐ Yes (Contact Asset Management, as well as Protection at ProtectionEngineering@duqlight.com)

☐ No



Is this an existing Customer?

☐ Yes: Site Number: _____ Pole Number: _____ Drawing Sheet Number: _____

☐ No

What is the service being requested?

☐ Pad Mounted Transformer

☐ Overhead Transformer

☐ Street Secondary

☐ Base Mounted Transformer

☐ URD; Number of Units: _____

☐ Network Transformer

☐ Primary Service

What are the customers requested service type(s)?

☐ Downtown Network

☐ Customer Substation

☐ Double Tapped

☐ Single-Tap

☐ Double Bank

☐ Single Bank

Customer Information (When Applicable):

Customer Power Factor: _____

Protection Settings Provided: ☐ Yes or ☐ No

Protection Single Line Provided: ☐ Yes or ☐ No

Customer Requested Service Type:

☐ New Customer

☐ Second Service

☐ Upgrade

Presumed Allocation of Costs: _____

General Notes:



The Next Pages are for DLC Planning Use Only





Customer Service Recommendation

FOR DLC PLANNING USE ONLY (DLC Internal When Filled In)

Project Name: _____ Expected In-Service Date: _____

Summary of Work

Service Center	
Impacted Circuit	
Impacted Substation	
Long Lead Time Equipment	
Prerequisite WO#	

Subst. Work ☐	URD ☐	UG Removal ☐	New OH ☐	New UG ☐	Aerial Cable ☐	Reconductoring ☐	OH Removal ☐	Primary Service ☐
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Circuit Information: _____

Transformer Information

Transformer 1 Information: _____

Type: _____

If Other, Please Explain: _____

Transformer 2 Information: _____

Type: _____

If Other, Please Explain: _____

Electrical Information

Short Circuit:

Largest Motor: _____

Motor Starting Information:



Customer Service Recommendation (Continued)

Scope of Work:

Revision History

[illegible]