



Electric Service Request Form

1. Permanent Service Information

Date: _____

Lot & Block # _____ 6-digit Work Order # _____

Name of Business _____

Address _____

City, State, Zip _____

2. Billing Information

Name on Account _____ Tax Payer ID or EIN # _____

Active Acct # DLCO _____

Address _____

City, State, Zip _____

3. Contact Information

Owner's Name _____	Phone () ____ - ____	e-mail: _____
Engineers _____	Phone () ____ - ____	e-mail: _____
Architect _____	Phone () ____ - ____	e-mail: _____

4. Building Information

Area (square feet) _____

Hours of use per month _____

5. Electrical Requirements (check one)

120/208 volt, 3-phase, 4-wire 120/240 volt, 1-phase, 3-wire

277/480 volt, 3-phase, 4-wire 230 volt 3-phase, 3-wire



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6. Load Breakdown

Interior Lighting (kW) _____

Exterior Lighting (kW)..... _____

Resistance Heating (kW)..... _____

Air Conditioning (kW) _____

Cooking (kW) _____

Largest Motor (hp) _____

Special Loads (kW) i.e., X-ray, welders, etc. _____

Elevator (hp) _____

Miscellaneous (kW) _____

Description of Miscellaneous Load..... _____

7. Service Size

Amps: _____ Svc. Entrance Wire Size: _____

8. Right-of-Way

Please provide the contact information and address for the person responsible for signing any right-of-way agreements or legal documents if required to construct the electric service:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

9. Cost Letter

Please provide the contact information, address, and e-mail address of the person who will receive the cost letter for the construction of the electric service:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____



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10. Payments

Please make sure that the check is made out to 'Duquesne Light Company'. Include the six-digit work order number on the check and send it to my attention at the address:

Do not send it to our payment processing post office box.

11. Service Request Date

Service is requested by this date: _____

12. Additional information that should be considered as part of this request: _____

Please return this form to the DLC Distribution Designer on your project

Please keep a copy of this form for your records.

Office use: Date received (entered by Duquesne Light employee) _____.