



**Rutherford Electric
Membership Corporation**

Post Office Box 127
Cherryville, NC 28021
Telephone: (704) 435-5401 • Toll Free 1-800-228-5331
Fax: (704) 435-5056

NON-RESIDENTIAL SERVICE REQUEST FORM

To provide you with timely and accurate service, please complete all five sections of this form. The Delivery Information and Load/Equipment Information sections are needed by our engineering group to accurately meet your electrical requirements. If this information is not available at this time, please complete the Billing Information, Service (Site) Address Information, and Additional Contact Information sections so we can initiate your service request. Please fax or mail this information to the above address or fax number, to the attention of Brad Bridges.

1) BILLING INFORMATION – Complete applicable fields.

Legal Name of Ownership: _____

Form of Ownership: Sole Proprietor Corporation Limited Liability Corporation Partnership Limited Liability Partnership

Doing Business As (DBA): _____

Federal Tax ID/SS#: _____

Mailing Address: _____

City: _____ State _____ Zip Code: _____

Additional Mailing Info: _____

Billing Contact Name: _____ Title: _____

Daytime Phone#: (____) _____ FAX#: (____) _____ E-MAIL: _____

Property Ownership: Own Rent/Lease

Name of Property Owner: _____ Phone#: (____) _____

Have you ever had non-residential service with Rutherford Electric? Yes No

If yes, list other Rutherford Electric account # or service address: _____

If no, provide Dunn & Bradstreet (D&B) number if applicable: _____

2) SERVICE (SITE) ADDRESS INFORMATION – Complete applicable fields.

New Service (No Existing Service Lines) Existing Service (Existing Service Lines)

Upgrade Existing Service (Existing Service Lines) provide Rutherford Electric account # or Meter # _____

Service Address/Location: _____

City: _____ State _____ Zip Code: _____

Directions from a main road: _____

What type of business or facility will this meter serve? _____

Hours of Operation: M-F _____ Weekends _____ Other _____

Requested By: _____ Title: _____

Daytime Phone#: (____) _____ FAX#: (____) _____ E-MAIL: _____

Alternate Phone#: (____) _____ Date Service Needed: _____

NOTE: A final inspection may be needed to complete your service request. Check with the appropriate City or County Inspections Dept., to determine their communication procedures with Rutherford Electric.

3) ADDITIONAL CONTACT INFORMATION – Complete applicable fields.

General Contractor/Builder Name: _____ Electrician Name: _____
 Daytime Phone#: (____) _____ Daytime Phone#: (____) _____
 Alternate Phone#: (____) _____ Daytime Phone#: (____) _____
 FAX#: (____) _____ FAX#: (____) _____
 E-MAIL: _____ E-MAIL: _____

4) DELIVERY INFORMATION – Complete applicable fields.

Total Load _____(KW) **Additional Load Only** _____(KW)
 Check Service Desired: Overhead Underground Customer Wire Type: Copper Aluminum
 Check Phase Desired: Single Phase 3-Phase Delivery Voltage: _____(Volts) Number of wires: 3 4
 Service Size: _____(Amps)
 # of Conductors Per Phase: _____ Size of Conductors: _____ # of Neutral Conductors: _____ Size of Neutral: _____

NOTE: If underground 3 Phase Service is required, the number of conductors per phase is limited to 12.

Gross Square Footage: _____ Conditioned Square Footage: _____
 Rutherford Electric Work Request #: _____ Send Confirmation Fax to: _____ FAX#: (____) _____

5) LOAD/EQUIPMENT INFORMATION – Complete applicable fields.

Lighting/Receptacle Information		Water Heating Information	
Interior		<u>Domestic:</u>	<u>Sanitary:</u>
Lights: _____(KW)		Quantity: _____	Quantity: _____
Exterior	Lights: _____(KW)	Size/Gallons: _____	Size/Gallons: _____
Receptacles: _____(QTY)		Total KW: _____	Total KW: _____
Receptacles: _____(Total KW)			<u>Booster:</u>
			Quantity: _____
			Size/Gallons: _____
			Total KW: _____

NOTE: Make additional copies of this form as needed to supply all equipment information. If multiples of the same type of equipment exists, include the information for the group on one row in the appropriate grid. The KW, AMP and VOLT columns will represent a single piece of equipment and is applicable to all equipment included in the group.

HEATING/COOLING INFORMATION			
TYPE OF HEAT/COOLING	QTY	SIZE	KW
(Heat Pump, Strip Resistance Heat, Electric Furnace, Any Backup Heating, Central A/C, Window A/C, Chiller Load, Fans, Pumps, Cooling Tower, Other)		(Tons/BTU's Per Unit)	(Per Unit)

Provide Starting/Lock Rotor Amps for the largest unit: _____ If this unit has starting compensation, provide a description: _____

Note: Not required for units equal to or less than 5 tons (7.5KW).

FOOD SERVICE INFORMATION

TYPE OF EQUIPMENT (Cooking, Refrigeration, Other)	DESCRIPTION (Range/Oven, Refrigeration, Freezer, Microwave, Etc.)	QTY	KW (Per Unit)

MOTOR DATA

DESCRIPTION OR EACH MOTOR (Motors not included elsewhere on this form)	QTY	HP (Per Unit)	KW (Per Unit)	Starting Frequency # Times/Interval	3 PH Y/N

Provide Starting/Lock Rotor Amps for the largest unit: _____ If this unit has starting compensation, provide a description: _____

Note: Not required for motors equal to or less than 7.5 HP (7.5KW)

MOTOR DATA

TYPE OF EQUIPMENT (Welder, X-Ray, etc.)	QTY	AMPS (Per Unit)	VOLTS (Per Unit)	KW (Per Unit)	3 PH Y/N

Provide Starting/Surge Amps for the largest unit: _____ If this unit has starting compensation, provide a description: _____

Note: Not required for units equal to or less than 7.5 tons (7.5KW).

Special Instructions –Provide additional information that was not captured above.
