

TO BE COMPLETED BY KEYS – Internal Use Only

Project Name: _____

Total Connected Load _____ kW _____ / _____ / _____
Supervisor of Engineering

% of Diversity _____ % _____ / _____ / _____
Director of Engineering

Total Demand Max _____ kW

Comments: _____

Walk Thru Required: Yes _____ No _____

Metering per Drawing: CT _____ or SC _____ Unknown _____

Meter Install Only: Yes _____ No _____

Upgrade of Service: Yes _____ No _____

Work Ticket/ER #: Yes _____ No _____ If yes, # _____

Transformer Upgrade Needed: Yes _____ No _____

Transformer Install Needed: Yes _____ No _____

New Service Drop Only: Yes _____ No _____

Engineering Inspection Needed: Yes _____ No _____

CBRA Area Impact Yes _____ No _____ If yes, special LE needed

Verify panel size matches PRF Yes _____ No _____

Validation of old panel is reasonable Yes _____ No _____

To be completed by Customer Services:

Has customer signed up for service: Yes _____ No _____

Temporary Service: Yes _____ No _____

Deposit Only: Yes _____ No _____

Meter type required: SC _____ CT _____ Ratio _____

SIC Code: _____

Rate: _____

Meter Services Section _____ / _____ / _____