



SO# \_\_\_\_\_

WO# \_\_\_\_\_

Account No. \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Service 911 Address: \_\_\_\_\_

Name of Subdivision: \_\_\_\_\_ Lot No: \_\_\_\_\_

Does one of our power lines cross your land?  Yes  No

Will any other land be crossed by the extension to your property?  Yes  No

Who is the nearest neighbor now receiving service from CTEC? \_\_\_\_\_

Check type of Structure We Will Be Serving:

- |                                        |                                                  |
|----------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Residence     | <input type="checkbox"/> Single Wide Mobile Home |
| <input type="checkbox"/> Cabin         | <input type="checkbox"/> Double Wide Mobile Home |
| <input type="checkbox"/> Personal Shop | <input type="checkbox"/> Business                |
| <input type="checkbox"/> Other         |                                                  |

Approximate Square Feet of Residence or Building: \_\_\_\_\_

Size of Main Disconnect in Amps required: \_\_\_\_\_

Load Required:  Single Phase  Three Phase

Voltage Required:  120/240  240/480  120/208

If three-phase service is required, provide an attached list showing the three-phase and single-phase motor sizes on the appropriate voltages you will require.