MANSFIELD MUNICIPAL ELECTRIC DEPARTMENT
SERVICE REQUEST

Desired Date of Completion _____

BILLING INFORMATION

(Circle one) Residential or Commercial* (Business Application and Deposit required for all new accounts)

(Circle one) Temporary or Permanent

Property Owner's Name _____ Phone ( )_____

Address _____ City _____ State_____ Zip_____

Billing Name _____ Phone ( )_____

Billing Address _____ City _____ State_____ Zip_____

Electrical Contractor _____ Phone ( )_____

Address _____ City _____ State_____ Zip_____

LOCATION AND SERVICE INFORMATION

Services and meter location shall be determined by MMED personnel on all new services and/or when reworking old services.

- Applying for service at: _____Lot #_____

- Briefly describe the work that needs to be done: _____

_____

_____

_____

- Number of meters presently at this location? _____ Requested number of meters at this location _____

-Does this represent a change in service characteristics? Yes No
-Will there be a consolidation of Service? Yes No
-Is there presently temporary service at this location? Yes No

-Present service is: Aerial _____ UG _____ Requested Service: Aerial _____ UG _____

-Service Characteristics: Volts _____ Phase _____ Wires _____ Amps _____ Wire Size _____

-Electrical Load Characteristics:

KW Lighting_____ KW Receptacles_____ KW Water_____
HP Total_____ HP Largest Motor_____ KW Special Loads_____ Estimated Total _____
Dryers_____ Range_____ Air Conditioning_____

Applicant _____ Party applying for service is: Owner Tenant Developer Contractor
(Please Print)

Signature _____ Date _____

FOR OFFICE USE

Line Foreman Signature _____ Date: _____ Service Approval No. _____

Service Fee Amount $_____ Payment information _____

*Business Application completed _____