



1867 Ashburnham Drive
 P.O. Box 4125, Station Main
 Peterborough, ON K9J 6Z5
 (705)748-9300

ELECTRIC NEW SERVICE REQUEST Commercial/Industrial

CONTRACTOR/CONSULTANT CONTACT INFORMATION			
*Contractor/Consultant		Contact Name	
*Phone Number		Email	
Fax Number		Pre-Authorized Connection No.	
CUSTOMER CONTACT INFORMATION			
*Customer		Contact Name	
*Phone Number		Email	
Fax Number			
SERVICE ADDRESS (where service is to be installed or upgraded)			
*Address			
Special Notes			
NEW SERVICE DETAILS			
*Customer Mailing Address (This is where we will send information such as agreements, etc.)			<input type="checkbox"/> Same as Above
Address			
City		Province	
Country		Postal Code	
*Customer Billing Address (where electricity bills will be sent)			<input type="checkbox"/> Same as Above
Address			
City		Province	
Country		Postal Code	
SERVICE REQUIREMENTS			
*Service Details	*Routing Method	*Connection Type	*Revenue Metering
Amps <input type="text"/> Volts <input type="text"/>	<input type="checkbox"/> Underground	<input type="checkbox"/> Residential	<input type="checkbox"/> Metered
Phase <input type="text"/> kW Demand <input type="text"/>	<input type="checkbox"/> Overhead	<input type="checkbox"/> Non-Residential	<input type="checkbox"/> Unmetered
*Total Quantity of Revenue Meters Required	<input type="text"/>		
*Is on-site generation being proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, see "Conditions of Service" (available online at www.peterboroughutilities.ca)			
*Who should the service representative contact? <input type="checkbox"/> Customer <input type="checkbox"/> Contractor/Consultant			
Preferred time to call during normal business hours? <input type="text"/>			
Preferred date for scheduling work (yyyy/mm/dd)	<input type="text"/>	Special considerations for planned outages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are additional documents being submitted with this request? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, total quantity of pages submitted (including this form) <input type="text"/>			

I hereby authorize the electrical contractor/consultant indicated above to coordinate the electrical service requirements for this request.

*Date (yyyy/mm/dd) _____ *Signature of Customer _____

Note: Prior to processing commercial/industrial services an Electric Load Summary and site plan showing right-of-way, municipal address, building, electric servic. Please include deposit with your application, see attached checklist for requirements for submitting this application. For all residential 200 Amp or less services, you must obtain a completed Residential Service Layout from the PUSI Electric Department.

* Denotes Required Information



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ELECTRIC NEW SERVICE REQUEST Commercial/Industrial ELECTRIC LOAD SUMMARY

CONTRACTOR/CONSULTANT CONTACT INFORMATION				
*Contractor/Consultant		Contact Name		
*Phone Number		Email		
Fax Number		Pre-Authorized Connection No.		
CUSTOMER CONTACT INFORMATION				
*Customer		Contact Name		
*Phone Number		Email		
Fax Number				
SERVICE ADDRESS (where service is to be modified)				
*Address				
Type of Business				
LOAD DETAILS (Not required if electric single line diagram is provided)				
Load Description	120/240 V	120/208 V	347/600 V	Other
Basic Load (per square footage)				
Connected Load - Lighting (kW)				
Estimated Receptacle Load (kW)				
Space Heating - Total Electric (kW) (Winter Only)				
Total Electric Water Heating (kW)				
Total Electric Duct Heating (kW)				
Total Connected Ramp Heating (kW)				
Kitchen Equipment - Commercial (kW)				
Total HP Air Conditioning Equipment (Summer Only)				
Total HP Air Conditioning Computer Equipment				
Total HP Ventilating Motors				
Total HP Boilers, Heating Pumps				
Total HP Elevator Motors				
Total HP Manufacturing Process Motors				
Total HP Other Motors				
Total Humidification (kW)				
Other Loads Not Listed				
No. Parking Space Outlets (kW)				
No. Electric Dryers (kW)				
No. Electric Ranges (kW)				
Total Connected Load (Use Higher value of Winter/Summer)				
Peak Load Controller Used	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Load Controlled (kW)	

* Denotes Required Information
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ELECTRIC LOAD SUMMARY

LOADING PROFILE												
Estimated Load	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

*Date (yyyy/mm/dd) _____

*Submitted by (Signature) _____

*** Denotes Required Information**



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ELECTRIC NEW SERVICE REQUEST Commercial/Industrial CHECKLIST

To ensure your application is processed in a prompt manner, please have all of the following steps completed. Our Engineering Department will advise you if any further information is required to complete your request.

CHECKLIST

- Completed 'Electric Service Charge Request' Form
- Load Summary Report
- Deposit Cheque
 - \$500.00 - 400 amp service or less
 - \$1000.00 - above 400 amp service

Send your completed application, load summary report and deposit cheque to:

Peterborough Utilities Services Inc.
Attn: Engineering Administrative Assistant
1867 Ashburnham Drive
Peterborough ON K9L 1P8