



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

ELECTRIC SERVICE CHANGE REQUEST

CONTRACTOR/CONSULTANT CONTACT INFORMATION			
*Contractor/Consultant		Contact Name	
*Phone Number		Email	
Fax Number		Pre-Authorized Connection No.	
CUSTOMER CONTACT INFORMATION			
*Customer		Contact Name	
*Street Address		*City	
*Postal Code		*Phone Number	
Fax Number		Email	
SERVICE ADDRESS (where service is to be modified)			
*Address			
Special Notes			
DETAILS OF CHANGES TO EXISTING SERVICE			
Account Number			
*Type of work to be performed			
<input type="checkbox"/> Change to Panel Size or Type <input type="checkbox"/> Change to Pole Conduit/Cable <input type="checkbox"/> Change to Service Location <input type="checkbox"/> Other - Specify below (i.e. Storm Damage, Siding, Renovation, Add/Delete/Change Metering, etc.)			
*Adding Load? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount? _____		*Quantity of Existing Revenue Meters _____	
If non-residential or greater than 200 Amps, please complete an Electric Load Summary form.		*Quantity of Additional Revenue Meters _____	
*Meter Base Change? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, change meter base location to _____			
Special Notes _____			
ESA Permit Number			
Disconnect/Reconnect Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		*Upgrade Service Size? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, preferred date for disconnect/reconnect? (yyyy/mm/dd) _____			
*Service Details (specify new service details if this is an upgrade)		*Routing Method	*Connection Type
Amps _____ Volts _____		<input type="checkbox"/> Underground	<input type="checkbox"/> Residential
Phase _____ kW Demand _____		<input type="checkbox"/> Overhead	<input type="checkbox"/> Non-Residential
*Revenue Metering <input type="checkbox"/> Metered <input type="checkbox"/> Unmetered			
*Is new/upgraded on-site generation being proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please refer to the document "Guidelines for Applicants Connecting Distributed Generation" (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? _____			
Preferred date for scheduling work (yyyy/mm/dd) _____		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) _____			

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: If you are relocating electrical facilities we require a site plan showing right-of-way, municipal address, building, electric service, both existing and proposed, prior to processing. *Please include deposit with your application, see attached checklist for requirements for submitting this application.*

*** Denotes Required Information**



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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 (Include electric single line diagram in addition to loading)				
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)

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ELECTRIC SERVICE CHANGE REQUEST

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