



CITY OF MONROE
ENERGY SERVICES DEPARTMENT
OPERATIONS CENTER
2201 Walkup Avenue - 28110
P.O. Box 69, Monroe, NC 28111-0069
PHONE 704.282.4600 • FAX 704.283.6492

The following information is necessary to be filled out to determine service requirements.

Customer Name: _____
Customer Address _____

Electric Service

- New Connected Loads: (kilowatts)
 - Lights interior _____
 - Lights exterior _____
 - Water Heating _____
 - Space Heating _____
 - Air Conditioning _____
 - Receptacles _____
 - Motors: A) Total HP _____
B) Largest HP _____
 - Food Service _____
 - Other _____
- Size of Service in Amps _____ Wire size and wires per phase _____
- Voltage Requirements: Volts _____, Phase _____, Wires _____
- Estimated KW Demand _____
- Electrical Contractor _____
Address _____ Phone _____

Natural Gas Service

- New Connected Loads: (BTU)
 - Water Heating _____
 - Other _____
 - Space Heating _____
- Delivery Gas Pressure Required: 7" WC, 2 PSI, 5 PSI. Other _____
- Total BTU Load _____
- Appliances In Use and BTU loads
 - Furnace _____
 - Gas Pack _____
 - Water Heater _____
 - Range _____
 - Dryer _____
 - Logs _____
 - Gas Light _____
 - Gas Grill _____
- Mechanical Contractor _____
Address _____ Phone _____

Requestors Signature: _____ **Date** _____

**Any changes in the electrical/gas load that necessitate reordering of equipment by the City of Monroe will result in additional charges, and/or may result in an extended delivery date for service. If further data is required, please indicate above with an "*" the necessary person to contact.

When this form is completed, please sign and return to the City of Monroe, Energy Services Department, and attention Design Engineering Manager.