



A Customer Owned Utility
Serving Our Community Since 1894

SERVICE REQUEST FORM

NORTH ATTLEBOROUGH ELECTRIC DEPARTMENT
275 Landry Avenue
North Attleboro, Massachusetts 02760
Phone: (508) 643-6300

SRF #: _____

DATE: _____

Valid for 6 Months from Issue Date

CUSTOMER INFORMATION

Name:	Account Number:
Address:	Phone Number:
	Cell Phone Number:

GENERAL CONTRACTOR INFORMATION

Name:	Phone Number:
Address:	Cell Phone Number:
	Contractor License Number:

ELECTRICIAN INFORMATION

Name:	Phone Number:
Address:	Cell Phone Number:
	Electrician License Number:

Class of Service

- Single Family Residential Commercial
 Multi Family Residential Industrial
 Municipal Other

Type of Service Request

- New Service Temporary Service
 Change Existing Service Siding/Meter Unlock
 Other Request: _____

Plan: <input type="checkbox"/> Attached <input type="checkbox"/> To Follow <input type="checkbox"/> Not Needed	Construction: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground
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Heating: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other <input type="checkbox"/> None	Hot Water: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other <input type="checkbox"/> None
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Voltage	Description of Work
<input type="checkbox"/> 120 Volts Single Phase <input type="checkbox"/> 120/240 Volts Single Phase <input type="checkbox"/> 120/208Y Volts Three Phase <input type="checkbox"/> 277/480Y Volts Three Phase <input type="checkbox"/> 120/208 Single Phase Network	
Service Size : _____ amps	# of Meters Present _____ # of Meters Proposed: _____
	<input type="checkbox"/> Check if Meter is for Common Areas

Electrician's Sketch / Notes

NAED Sketch / Notes

Electrician's Sketch / Notes	NAED Sketch / Notes
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Electrical Requirements: A detailed load calculation must be provided with all Service Requests.

Acknowledgement: Customer shall be solely responsible for any and all work performed by, or on behalf, of the customer, pursuant to this SRF, and NAED shall have no liability therefore.

Signature of Electrician or Authorized Representative: _____ Date: _____

(This area is for NAED use, do not write below this section.)

SERVICE INFORMATION	DISTRIBUTION	INITIALS / DATE
Pole, MH, HH #: _____ Xfmr #/kVA: _____/_____	<input type="checkbox"/> Meter Division	
Number of Customers on Xfmr: _____	<input type="checkbox"/> Engineering	
Service Size: _____ Amps Meter Type: _____	<input type="checkbox"/> Operations	
Billing Multiplier: _____	<input type="checkbox"/> General Manager	