

INSTRUCTIONS ABOUT THE “SERVICE REQUEST FORM” (SRF)

1. The SRF is an application to NAED, requesting NAED to allow the applicant to install a new electrical service or alter the existing electrical service to any residential, commercial, industrial or municipal property in the Town of North Attleborough.
2. Incomplete or inaccurate forms will be returned to the applicant. NAED will not begin review of the SRF until such time that the document is complete with the associated information, i.e. load calculations, signatures, etc.
3. Applicants are advised that no SRF will be considered approved, until and unless all appropriate NAED signature(s) of approval are placed on the SRF.
4. NAED will not provide an “SRF Number” on the form until all NAED signature(s) of approval are placed on the SRF.
5. NAED’s ability to review and assess the application in an expeditious manner is predicated upon the information, accuracy and completeness of the application.
6. NAED reserves the right to request such additional information as it believes to be appropriate and necessary to review and assess the application.
7. NAED’s approval assumes, and requires, that the work to be performed will be done in a manner that is compliant and consistent with the information presented in the SRF and NAED’s “Terms & Conditions”, “Construction Requirements for New Developments”, “Information and Requirements for Electric Service”, M.G.L.c. 164, relevant safety codes, and NAED operating policies, procedures and practices. NAED reserves the right to amend the SRF at its’ discretion.
8. No work is to be done on NAED equipment, meters or property without the prior written approval of NAED.
9. Any questions regarding these directions, the review process or the status of an application, should be directed to the Office of the General Manager.
10. The SRF is valid for six months from issue date.



A Customer Owned Utility
Serving Our Community Since 1894

SERVICE REQUEST FORM
NORTH ATTLEBOROUGH
ELECTRIC DEPARTMENT
275 LANDRY AVENUE
NORTH ATTLEBOROUGH, MA 02760

SR# _____

DATE: _____

Valid for 6 months from issue date.

Homeowner Information		
Name:	Account Number:	
Address:	Phone Number:	
	Cell Number:	
General Contractor Information		
Name	Phone Number:	
Address:	Cell Number:	
	Contractor License Number:	
Electrician Information		
Name:	Phone Number:	
Address:	Cell Number:	
	Electrical License Number:	
For Entries Below Check One Item:		
Kind of Service: <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi Family Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal	Type of Service Request: <input type="checkbox"/> Temporary <input type="checkbox"/> Change of Service <input type="checkbox"/> New Size (amps) or Voltage <input type="checkbox"/> Other	
Site Development Plan: <input type="checkbox"/> Attached <input type="checkbox"/> To Follow	Construction: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground	
Heating: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other	Hot Water: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Service Entrance Voltage: _____ 1φ 3φ	# of Meters Present: _____	# of Meters Proposed: _____
Description of Work:	Check if Meter for Common Areas: <input type="checkbox"/>	
	Service Main Size (amps): _____	
Electrician's Sketch	NAED Sketch	
	Initials: _____	Date: _____
Electrical Requirements: <i>A detailed load calculation must be provided with all service requests. This information will be used to size NAED equipment and to determine deposit requirements. No work to start prior to NAED's written approval.</i>		
Signature of Electrician or Authorized Representative: _____		Acknowledgement: <i>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.</i>
Date: _____		
<i>(This area is for NAED use, do not write below this section.)</i>		
MH/HH or Pole: _____	Transformer #: _____	Distribution
Number of Customers on Transformer: _____		Initials/Date
		<input type="checkbox"/> Meter Division
		<input type="checkbox"/> Engineering
		<input type="checkbox"/> Operations Division
	<input type="checkbox"/> General Manager	