



PO BOX 728~128 N POWELL ST FOREST CITY, NC 28043 (828) 248-5239 (F) (828)245-6143 NON-RESIDENTIAL ACCOUNT INFORMATION FORM

Dear Customer:

To provide you with timely and accurate service, complete sections on Billing Information, Service (Site) Address Information, and Load Information. The Load Information section is neeed by our engineering group in order to accurately size our equipment. If the information is not available at this time, please complete the Billing and Service Information so the necessary paperwork to provide service to your facility can be initiated. Once you have determined the load Information, please fax or mail the Information to:

> Town of Forest City Attn: Electrical Dept. PO Box 728 Forest City, NC 28043

Fax: (828) 248-5216 Phone: (828) 245-0149

BILLING INFORMATION		
Legal Name of Ownership:		
DBA (Doing Business As):		
Form of Ownership: Sole Proprieto	r Corporation	Partnership Limited Partnership Other
Has credit been established with the To	own of Forest City? _	Yes No
If yes, list other Account # or service ad	ddress:	
Mailing Address:		
City, State and Zip:		
Additional Mailing Info:		
Billing Contact Name:		
Daytime Phone: Cell:	Fax:	Email:
Property Ownership: Own Re	nt/Lease	
Name of Property Own <u>er:</u>		Phone:
SERVICE (SITE) ADDRESS INFORMATION		
Service Address:		
City, State and Zip:		County:
Directions:		
New Service (No existing service lines):		g Service (Existing service lines):
Hours of Operation: M-F:	Weekend	s: Other:
Requested By:		Title:
Daytime Phone: Cell:	Fax:	Email:
Date Service Needed:		NOTE: A final inspection may be needed to complete your
service request. Check with the appro	opriate City Inspectio	ons Department to determine their procedures.
GENERAL CONTRACTOR/BUILDER		ELECTRICIAN
Name:		Name:
Phone:		Phone:
Fax:		Fax:
Email:		Email:
Total Load: Additional	Load Only (Existina M	Aeter No:)
Check Service Desired:Overhead		
Check Phase Desired:Single Phase		
Delivery Voltage:		Service Size: Amps
		_No. of Neutral Conductors: Size of Neutral:
		ber of conductors per phase is limited to 12.)
Gross Square Footage:	Condi	tioned Square Footage:

LOAD EQUIPMENT INFORMATION

LIGHTING / RECEPTACA	LE INFORMATION				
Interior Lights:		KW	Exterior Lights:		KW
Receptacales:		QTY	Receptacales:		Total KW
WATER HEATING INFOR	MATION				
Domestic:	Qty:		Size/Gallons	Total KW	
Sanitary:	Qty:		Size/Gallons	Total KW	
Booster:	Qty:		Size/Gallons	Total KW	

NOTE: Make additional copies of this form as needed to supply all equipment information. If multiples of the same type of equipment exists, include the information for the group on one row in the appropriate grid. The KW, AMP and VOLT columns will represent a single piece of equipment and is applicable to all equipment included in the group.

HEATING	G / CO	OLING INFO	RMATION				
TYPE OF HEAT/COOLING Heat pump, Strip Resistance Heat, Electric Furnace, Backup Heating, Central A/C,				QTY	SIZE Tons/BTU'S	KW Per Unit	
Window A/C, Chiller Load, Fans,			-			,	
		.,					
	SERVIC	E INFORMA				-	
TYPE OF EQUIPMENT	DESCRIPTION					QTY	KW
Cooking, Refrigeration, Other	Range/Oven, Refrigeration, Freezer, Microwave, etc.						Per Unit
	MO	IOR DATA					
DESCRIPTION OF MOTOR		QTY	HP	KW	STARTING FRE	QUENCY	3-PH
Motors not included elsewhere on this form			Per Unit	Per Unit	#Times	Interval	Y/N

OTHER MISCELLANEOUS EQUIPMENT					
TYPE OF EQUIPMENT	QTY	AMPS	VOLTS	KW	3-PH
Welder, X-Ray, etc.		Per Unit	Per Unit	Per Unit	Y/N