

## **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:  |   |
| <b>For Entries Below Check One Item:</b>  |   |   |
| Kind of Service: <input type="checkbox"/> Single Family Residential<br><input type="checkbox"/> Multi Family Residential<br><input type="checkbox"/> Commercial <input type="checkbox"/> Industrial<br><input type="checkbox"/> Municipal                     | Type of Service Request: <input type="checkbox"/> Temporary <input type="checkbox"/> Change of Service<br><input type="checkbox"/> New Size (amps) or Voltage<br><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: _____   |
| <b>Electrical Requirements:</b> <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: _____  |   | <b>Acknowledgement:</b> <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  |   |