



SERVICE REQUEST FORM

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

SRF #: _____
 PERMIT #: _____
 DATE: _____
 Valid for 6 Months from Issue Date

CUSTOMER INFORMATION / SERVICE LOCATION

Name:	Account Number:
Service Address:	Phone Number:
	Cell Phone Number:
	Email Address:

GENERAL CONTRACTOR INFORMATION

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

ELECTRICIAN INFORMATION

Name:	Phone Number:
Address:	Cell Phone Number:
	Email Address:
	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
 Solar/Net Meter Application Other: _____

Plan: <input type="checkbox"/> Attached <input type="checkbox"/> To Follow <input type="checkbox"/> Not Needed	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 <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

VOLTAGE

- 120 Volts Single Phase
 120/240 Volts Single Phase
 120/208Y Volts Three Phase
 277/480Y Volts Three Phase
 120/208 Single Phase Network
 Service Size : _____ amps

DESCRIPTION OF WORK

of Meters Present _____ # of Meters Proposed: _____
 Check if Meter is for Common Areas

Electrician's Sketch / Notes

NAED Sketch / Notes

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Electrical Requirements: A detailed load calculation must be provided with all Service Requests with the exception of siding or residential services 200A and below. Meters for all Services up to 400 amps will be installed on the building exterior.

Acknowledgement: Customer shall be solely responsible for any and all work performed by, or on behalf, of the customer, pursuant to this Service Request Form, 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 Form Factor: _____	<input type="checkbox"/> Operations (>400 A)	
Billing Multiplier: _____	<input type="checkbox"/> General Manager (>400 A)	