



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:
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

Type of Service Request

<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Multi Family Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> Other	<input type="checkbox"/> New Service <input type="checkbox"/> Temporary Service <input type="checkbox"/> Change Existing Service <input type="checkbox"/> Siding/Meter Unlock <input type="checkbox"/> Solar/Net Meter Application <input type="checkbox"/> 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	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	# of Meters Present _____ # of Meters Proposed: _____
Service Size : _____ amps	<input type="checkbox"/> 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 service 200A and below.

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 (>400 A)	
Billing Multiplier: _____	<input type="checkbox"/> General Manager (>400 A)	