PO Box 700
Jamestown, NY 14702-0700
PH: (716) 661-1660
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NON-RESIDENTIAL REQUEST FOR NEW/UPGRADE ELECTRIC SERVICE
FORM B

DATE:	ESID#
Account Rep:	

CUSTOMER INFORMATION ❑ **Same as Form A**

Name _____ Phone No. (_____) _____

Address _____ Company Name_____

City _____ _____

State_____Zip_____

ELECTRIC SERVICE INFORMATION

Voltage/# wires	Size	Load Classification	
❑ 120/240 3 Wire ❑ 120/208 3 Wire ❑ 208Y/120 4 Wire ❑ 480Y/277 4 Wire ❑ 13,800 3 Wire	Main Disconnect Rating _____ Amps	❑ Manufacturing ❑ Light Manufacturing ❑ Restaurant ❑ Retail/Store	❑ Office ❑ Medical ❑ Warehouse ❑Other _____.

LOAD SUMMARY

Total connected	Peak summer demand	Peak winter demand
_____ Kw	_____ Kw	_____ Kw

LOAD DETAILS (Attach other sheets as needed)

Load	Quantity	KW or HP (specify)	Total KW or HP (specify)

*** INCOMPLETE OR ILLEGIBLE ORDERS WILL NOT BE PROCESSED ***