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NON-RESIDENTIAL REQUEST FOR NEW/UPGRADE ELECTRIC SERVICE FORM A

DATE: _____
ESID# _____

CUSTOMER INFORMATION	APPLICANT/CONTACT INFORMATION
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Service Address _____	Name _____
City _____	Address _____
Company Name _____	Phone No. (_____) _____
Phone No. (_____) _____	
Billing Address (if different than service address) _____	
City _____	State _____ Zip _____

ELECTRICAL CONTRACTOR INFORMATION

Contractor Name _____	Contractor License No. _____
Contact Name _____	Contact Phone No. (_____) _____

ELECTRIC SERVICE INFORMATION

Main Service Information

Service to Install: New Service Upgrade Existing Temporary Service¹

Voltage/# wires	Main Disconnect Rating	Building Type	Meter Information
<input type="checkbox"/> 120/240 3 Wire ³ <input type="checkbox"/> 120/208 3 Wire ³ <input type="checkbox"/> 208Y/120 4 Wire <input type="checkbox"/> 480Y/277 4 Wire <input type="checkbox"/> 13,800 3 Wire	_____ Amps Service Type <input type="checkbox"/> Overhead <input type="checkbox"/> Underground	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Existing <input type="checkbox"/> Subdivision ²	Non-Residential Meters <hr style="border: 0.5px solid black;"/> Residential Meters <hr style="border: 0.5px solid black;"/>
Total Projected Load (Include Connected Load Form B)			Please complete a separate Form B for each meter.
Total connected _____ Kw	Peak summer demand _____ Kw	Peak winter demand _____ Kw	

Application Completed By (please print): _____

Signature _____ Date ____/____/____

Customer (please print): _____

Signature _____ Date ____/____/____

¹Minimum \$150 Fee must be paid prior to temporary service being energized. Additional charges may apply.
²Additional information may be required.
³Single phase is available at 200A or less ONLY.

WARNING: If the information provided on these forms is inaccurate or incomplete, you may be subject to backbilling on the correct service classification, or you may be precluded from receiving a refund for overcharges based on the correct classification.