

Service Data Form

231 N. Sheridan Street • Lancaster, WI 53813 • 800-236-2141 • Fax 608-723-2688 • www.sre.coop

Please complete this data sheet to the best of your knowledge. We must have this information to locate your property and properly size your electric service.

SREC-USE ONLY

Loc#: _____

Acct#: _____

Date Rec'd: _____

WO#: _____

Name: _____

Name: _____

Current Mailing Address: _____

Service Location Address: _____

(include Fire # if possible)

Fire # and Street Address

Phone: _____

Daytime

Evening

E-Mail Address: _____ Mobile/Cell #: _____

PROPERTY INFORMATION

Description: Mobile Manufactured Modular Conventional Pole Shed Other

Location: _____

County

Township

Section

Your nearest neighbor: _____ is _____ ft. _____ from your location

Name/Address

N-S-E-W

Does your work require the UDC Electrical Inspection Certificate? Yes No

(An answer is required. If you can't answer this question, please contact your town clerk/chair or county zoning department.)

TYPE OF SERVICE DESIRED:

- Permanent
 Temporary/Construction - Construction Company
 Temporary/Construction - member-supplied
 Overhead service preferred
 Underground service preferred
 200 amp 320 amp 400 amp 600 amp

LOCATION OF ELECTRIC METER (Bypass meter required):

(See reverse side for meter location sketch)

Underground post/pedestal

DUSK TO DAWN LIGHT DESIRED:

- Dusk to Dawn pole needed*
 100-watt light
 150-watt light

*If underground service to dusk to dawn light is preferred, a per foot fee for trenching will apply.

CONTRACTOR NAME(S) AND PHONE NUMBER(S):

Building contractor: _____

Electrical contractor: _____

Please contact my _____ contractor
Building or electrical

I am doing my own wiring

I would like to meet a Scenic Rivers engineer on site

ELECTRICAL APPLIANCES & EQUIPMENT:

(CHECK ONLY THOSE THAT WILL BE ELECTRIC)

Transformer or service wire upgrades due to incorrect load information may result in added charges.

KW = wattage x 1,000

- Water heater gallons _____
 Central air size _____
 Heating kw/type _____
 Off-Peak Heat kw/type _____

OTHER LARGE ELECTRIC APPLIANCES OR EQUIPMENT
(include kw if known, attach separate sheet if necessary):

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Please indicate in box below:

- 1) Lot line
- 2) Lot dimensions
- 3) Location of house relative to street
- 4) Desired location of meter(s), as indicated by an "X."
Meter cannot be located on structures, in an area where it will be blocked by future construction. Must be within 20 feet of the transformer.
- 5) Septic and drain field, and all other conflicts

The actual line route and location of the meter will be dictated by the location of Scenic Rivers power source. Please consult with the cooperative before installing the meter socket.

EXAMPLE DRAWING:

