

WORK ORDER ESTIMATE SHEET

HOWELL DISTRICT, 1000 Grand Oaks Dr, Howell, MI 48843

The following estimate is good for 60 days from signed date*

Notification No.		Order No.		Approximate Date Required	
Name of Applicant or Business (Please Print)			Job Location (Street Address)		
Mailing Address (Street)			City or Township and Zip Code		
City, State, Zip Code			Site Contact (Name)		Site Contact Phone with Area Code ()
Home Phone with Area Code ()	Business Phone with Area Code ()	Fax Phone with Area Code ()	Mobile Phone with Area Code ()		

WORK DESCRIPTION	COST	FEE SCHEDULE DETAILS
<input type="checkbox"/> Meter Relocate	\$	\$570 plus \$9.68/FT (Non-Resid 2" > = CES Est) Additional Footage
<input type="checkbox"/> Service Relocate	\$	\$540 plus \$9.68/FT (Non-Resid 2" > = CES Est) Additional Footage
<input type="checkbox"/> Fuel Line Tie-in	\$	175 to 800 = \$160, that includes the 1st 10', after 10' add \$10/ft
<input type="checkbox"/> Winter Construction	\$	Add \$3/ft between 12/15 and 4/15 Footage _____
<input type="checkbox"/> Meter Add-On / Split Load	\$	\$200 connection fee per meter
<input type="checkbox"/> Meter Consolidation	\$	\$300 to consolidate to a 425 TC Mtr, Larger Mtrs use T&M
<input type="checkbox"/> New Customer Elevated Psig	\$	\$500 All fixed factor regs, \$60 Metris 250RMM2 set @ 2 psig
<input type="checkbox"/> Elevated Press., .4, 1, 2, 5 #'s from 7" WC	\$	\$800 All fixed factor regs, \$360 Metris 250RMM2 set @ 2 psig
<input type="checkbox"/> Change in Elevated Psig	\$	\$300 to change existing elevated pressure to a new pressure
<input type="checkbox"/> Service Retirement	\$	\$655 charge for excavation and service cut
<input type="checkbox"/> Cut and Reconnect Service	\$	Open trench \$150/ST, \$225/OT; Excavate, \$655/ST, \$982.50/OT
<input type="checkbox"/> CAP Charges	\$	Customer Attachment Program Charges (New Business)
<input type="checkbox"/> Meter Change w/Minimal Revenue	\$	(Std by Gen) 250 to 425 \$486 GDEM 4-111-3 for other mtr chngs
<input type="checkbox"/> Permits and Inspection	\$	Permit Fee \$ _____; Fuel Line Fee \$ _____
<input type="checkbox"/> Other (Explain)	\$	
TOTAL	\$	

NOTE:
Customer changes during construction could result in additional charges
CUSTOMER RESPONSIBILITIES
PLEASE READ CAREFULLY

- 1) Payment or payment arrangements must be made prior to scheduling work. Visa® and MasterCard® are accepted.
- 2) Lawn restoration, including the removal and/or replacement of any plants in the path of the service or meter location.
- 3) Breaking or sawcutting any concrete or blacktop. If sand backfill is required, sand must be provided and on site.
- 4) Spoil removal and compacting (tamping).
- 5) All local municipal code requirements and pressure certifications, unless obtained by us (above).
- 6) Your "private" underground facilities (not covered by the Miss Dig System), must be located or exposed at any crossings or those closely paralleling construction (ie, electric and phone lines, sprinklers, hidden fences, septic fields/tanks, etc).
- 7) If installing conduit, use the following table as a sizing guide. Conduit must have no fittings or sharp bends and must be a minimum of 24" below final grade with ends sealed and left above ground. Please include a pull string (in the conduit) to aid in feeding service through conduit line. All conduit shall be **PVC DB, Type II** or equivalent. Properly installed and usable conduit will waive winter charges for the conduit length (only).

Service Size Conduit Size

- | | |
|---------------------------------|----|
| <input type="checkbox"/> 5/8" | 1" |
| <input type="checkbox"/> 1 1/8" | 2" |
| <input type="checkbox"/> 1 1/4" | 3" |
| <input type="checkbox"/> 2" | 4" |

PAYMENT INFORMATION
Method of Payment: ☐ Credit Card ☐ Check # _____

For Credit Card Customers: When your application for service is ready to be processed, a Consumers Energy representative will contact you to verify the appropriate charges and collect the information required to process your credit card transaction.

Daytime Phone #: _____ Contact Name: _____

Alternate Phone #: _____ Est Payment: _____

SCHEDULING AND CONTACT INFORMATION
AUTHORIZED SIGNATURE - REQUIRED

CES	Phone ()	Signed	Date
	Fax (517)545-8750	Printed Name	