



## Load Letter

| General Information   |  |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|---|--|--|-------|------------------|-----------------------------|---------|-----------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Service Location (Street Address)   | Type of Business                                 |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Electrician   | Address  | Phone  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Customer  | Address  | Phone  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Total Square Footage  | Conditioned Space Square Footage                 | Type of Heat   |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Similar Account Information (Buildings of like types of business, square footages, operating hours and heating type)  |  |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Name of Similar Business  | Address of Similar Business                      | ANEC Similar Acct. #(s)  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Type of Service (Check all that apply)  |  |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <input type="checkbox"/> Underground  | <input type="checkbox"/> Service Change (Rewire) | <input type="checkbox"/> New   |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <input type="checkbox"/> Overhead   | <input type="checkbox"/> Relocation              | <input type="checkbox"/> Temporary   |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Service Characteristics   |  |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Size of Load Wires: _____   | Sets of Load Wires Per Phase: _____              | Load Wire Type: <input type="radio"/> AL <input type="radio"/> CU  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Terminations: <input type="radio"/> Meterbase <input type="radio"/> C.T.Cabinet   | <input type="radio"/> Connection Box             | <input type="radio"/> Switchgear/Manf.# _____ <input type="radio"/> other _____  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Service Type & Size   |  |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <input type="radio"/> 200 amp <input type="radio"/> 320 amp <input type="radio"/> 400 amp <input type="radio"/> 600 amp <input type="radio"/> other _____   |  |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Voltage - circle one  |  |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <input type="radio"/> 1 $\Phi$ 240/120 <input type="radio"/> 3 $\Phi$ Y 208/120 <input type="radio"/> 3 $\Phi$ Y 480/277 <input type="radio"/> 3 $\Phi$ $\Delta$ 240/120 <input type="radio"/> 3 $\Phi$ $\Delta$ 480 only    - ANEC Engineer can determine Open or Closed Delta |  |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Electric Load (Excluding Motor Load)  |  | Electric Motor Load (Except Heating and AC)  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Interior Lighting      _____ kW   | Computers      _____ kW                          | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Phase</th> <th style="width: 20%;">Number of Motors</th> <th style="width: 10%;">HP</th> <th style="width: 15%;">Voltage</th> <th style="width: 40%;">Hours of Operation per week</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> | Phase | Number of Motors | HP                          | Voltage | Hours of Operation per week | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Phase   | Number of Motors                                 |  | HP    | Voltage          | Hours of Operation per week |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____   | _____  |  | _____ | _____            | _____                       |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____   | _____  |  | _____ | _____            | _____                       |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____   | _____  |  | _____ | _____            | _____                       |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____   | _____  |  | _____ | _____            | _____                       |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____   | _____  |  | _____ | _____            | _____                       |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____   | _____  |  | _____ | _____            | _____                       |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____   | _____  |  | _____ | _____            | _____                       |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____   | _____  |  | _____ | _____            | _____                       |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____   | _____  | _____  | _____ | _____            |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Exterior Lighting      _____ kW   | Receptacles      _____ kW                        |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Electric Cooking      _____ kW  | Refrigeration      _____ kW                      |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Water Heating      _____ kW   | Other _____ kW                                   |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Dryer      _____ kW   | Other _____ kW                                   |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Heat Pump      _____ kW   | Other _____ kW                                   |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Heat Pump Strip Heat      _____ kW  | Future _____ kW                                  |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Electric Heat (Baseboard or Furnace)      _____ kW  |  |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| AC (Data Processing Load Only)      _____ tons  |  |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| AC (Not Including Data Processing)      _____ tons  |  |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|   |  | Please attach list of additional motors if insufficient space above.   |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Estimated Business Operating Time   |  | Meter Location Desired   |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Hours Per Week: _____      Month Per Year: _____  |  | _____  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Service Equipment Location Desired  |  |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|   |  |  |       |                  |                             |         |                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

The information provided in this document, by the customer, is critical to ANEC in sizing our electrical facilities to provide reliable service to you. This information will also be used to determine the installation cost for electrical service.

**\*ANEC reserves the right to designate and/or approve the location of all metering and C.T. equipment. The company must approve all proposed metering arrangements.**

**\*\*The customer must notify ANEC prior to the actual connection of any future load.**

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

Distribution: Please return this form to ANEC at 21275 Cooperative Way (Tasley), by mail at P.O. Box 290, Tasley VA 23441; or by Fax: 757-787-9780. CALL us at 757-787-9750 then Press 3 for Engineering