

# APPLICATION FOR GAS AND ELECTRIC SERVICES

Please photocopy both sides of this page for multiple use.

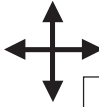
Date _____	xcelenergy.com	Phone: 1-800-628-2121	Fax: 1-888-742-5623
<b>SERVICE ADDRESS (PLEASE PRINT)</b>			
House or Fire Number _____		Full Street Name _____	
City _____		State _____	Zip _____
Urban _____	Rural _____	Direction to service location (Rural required) _____	
Subdivision Name _____	County _____	_____	
Lot Number _____	Township _____	_____	
Block Number _____	Range _____	_____	
County _____	Section _____	_____	
<input type="checkbox"/> Unincorporated <input type="checkbox"/> Incorporated		Cross Street/Road _____	
<b>CONSTRUCTION INFORMATION (PLEASE PRINT)</b>			
Owner Information (Party to be billed during construction)		Contractor Information (include phone number)	
<b>Owner/Builder Name</b> _____		<b>Builder</b> _____	
Mailing Address _____		Phone Number (_____) _____	
City _____ State _____ Zip _____		E-mail _____	
Phone Number (_____) _____		<b>Heating Contractor</b> _____	
Contact during construction _____		Phone Number (_____) _____	
Address _____		E-mail _____	
City _____ State _____ Zip _____		<b>Electrical Contractor</b> _____	
E-mail _____		Phone Number (_____) _____	
Daytime phone (_____) _____		E-mail _____	
Fax (_____) _____		<b>A &amp; E Firm</b> _____	
Cell (_____) _____		Phone Number (_____) _____	
		E-mail _____	
Required services: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> New <input type="checkbox"/> Relocate <input type="checkbox"/> Conversion			
<b>SERVICE INFORMATION (COMPLETE ALL SECTIONS)</b>			
<b>Electric Service</b> <input type="checkbox"/> overhead <input type="checkbox"/> underground Service size (amps) _____ Air conditioning tonnage: _____ ton <input type="checkbox"/> single phase <input type="checkbox"/> three phase    Voltage _____ <b>Is temporary electric service needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> single phase <input type="checkbox"/> three phase <input type="checkbox"/> at pole <input type="checkbox"/> at transformer <input type="checkbox"/> pedestal <input type="checkbox"/> other _____ Date needed _____ / _____ /20 _____ Foundation backfill /To grade _____ / _____ /20 _____		<b>Gas Service</b> (For gas service, please fill out second page of application.) Is this service being used for primary heat? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Total gas load (BTUs/hour):</b> _____ Pressure <input type="checkbox"/> 6 or 7 inch <input type="checkbox"/> 2 lb <input type="checkbox"/> 10 lb (commercial only) <input type="checkbox"/> Other _____ Date needed _____ / _____ /20 _____ Foundation backfill /To grade _____ / _____ /20 _____	
<b>FACILITY INFORMATION (COMPLETE ALL SECTIONS)</b>			
<b>Building Type</b> <input type="checkbox"/> single home <input type="checkbox"/> duplex <input type="checkbox"/> multi-dwelling/no. of units _____ <input type="checkbox"/> commercial bldg. <input type="checkbox"/> mobile			
<b>Building Class</b> <input type="checkbox"/> residential <input type="checkbox"/> commercial <input type="checkbox"/> farm			
Building square footage _____    Building setback from property line (feet) _____			
<b>Electric Meter</b> location preference (when you are facing the front of the house from the outside) <input type="checkbox"/> on house <input type="checkbox"/> on garage <input type="checkbox"/> right side <input type="checkbox"/> left side <input type="checkbox"/> front <input type="checkbox"/> other _____    Feet from front corner _____			
<b>Gas Meter</b> location preference (when you are facing the front of the house from the outside) <input type="checkbox"/> on house <input type="checkbox"/> on garage <input type="checkbox"/> right side <input type="checkbox"/> left side <input type="checkbox"/> front <input type="checkbox"/> other _____    Feet from front corner _____			
<i>For Commercial</i> Total motor load _____ HP    Largest HP _____    Code _____    BTU input _____    See second page of form			

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END USES			
	Gas (specify BTUs/hour input)	Electric (specify kW)	Other Fuel Type
Heating			
Water Heating			
Cooking			
Air Conditioning			
Clothes Drying			
Fireplace			
Lighting (Commercial Only)			

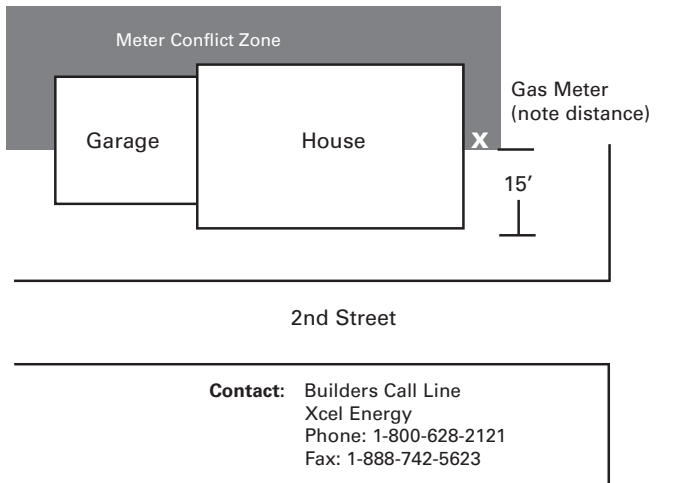
**Heat Source (check type)**   ☐ forced air furnace   ☐ heat storage   ☐ underfloor/slab heat   ☐ baseload  
**Meter Option (if applicable)**   ☐ Time of Use   ☐ Dual Fuel   ☐ Limited Off-Peak   ☐ Saver's Switch

It is preferred that the site plan including proposed meter locations and compass directions be attached. Or draw sketch below as if you are facing the front of the house from the outside.



Please  
indicate  
north

Service Address \_\_\_\_\_



1. Customer owned facilities must be located and identified by customer.
  2. Indicate distances for meters from nearest corner of building.
  3. Preferred meter location is on same side of house as Xcel Energy source.
  4. Inspection must be complete before service is energized.
  5. If no Inspector, Proof of Compliance (Electric) and/or Certificate of Compliance (Gas) must be complete.
  6. Site must be within 4 to 6 inches of final grade (for new construction) and a clear 10-foot-wide path from Xcel Energy source to meter.
  7. Winter construction charges may apply from Nov. 15 to April 30.
  8. Water and sewer must be installed prior to electric or gas service.
- Meter Conflict Zone* any potential area for a deck, patio, pool, etc.

