

**APPLICATION FOR GAS AND ELECTRIC SERVICES**

APPLICATION

Please photocopy both sides of this page for multiple use.

MINNESOTA

Date	<b>xcelenergy.com</b>	Phone: <b>1-800-628-2121</b>	Fax: <b>1-800-628-2521</b>
<b>SERVICE ADDRESS (PLEASE PRINT)</b>			
House	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 _____		
Cross Street/Road			

<b>CONSTRUCTION INFORMATION (PLEASE PRINT)</b>	
<b>Owner Information (Party to be billed during construction)</b> <b>Owner/Builder Name</b> _____ Mailing Address _____ City _____ State _____ Zip _____ Phone Number (_____) _____ Contact during construction _____ Address _____ City _____ State _____ Zip _____ E-mail _____ Daytime phone (_____) _____ Fax (_____) _____ Cell (_____) _____	<b>Contractor Information (include phone number)</b> <b>Builder</b> _____ Phone Number (_____) _____ E-mail _____ <b>Heating Contractor</b> _____ Phone Number (_____) _____ E-mail _____ <b>Electrical Contractor</b> _____ Phone Number (_____) _____ E-mail _____ <b>A &amp; E Firm</b> _____ 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) _____ <b>Is temporary electric service needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> at pole <input type="checkbox"/> at transformer <input type="checkbox"/> pedestal <input type="checkbox"/> other _____ <b>Is this service being used for primary heat?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Air conditioning tonnage: _____ ton 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"/> 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 other _____ Feet from front corner _____	
See second page of form	

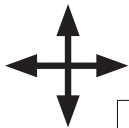
END USES			
	Gas (specify BTUs/hour input)	Electric (specify kW)	Other Fuel Type
Heating			
Water Heating			
Tankless Water Heating			
Cooking			
Air Conditioning			
Clothes Drying			
Fireplace			
Pool Heating			
Garage Heating			
Geothermal			

**Heat Source (check type)**    forced air furnace    heat storage    underfloor/slab heat    baseload

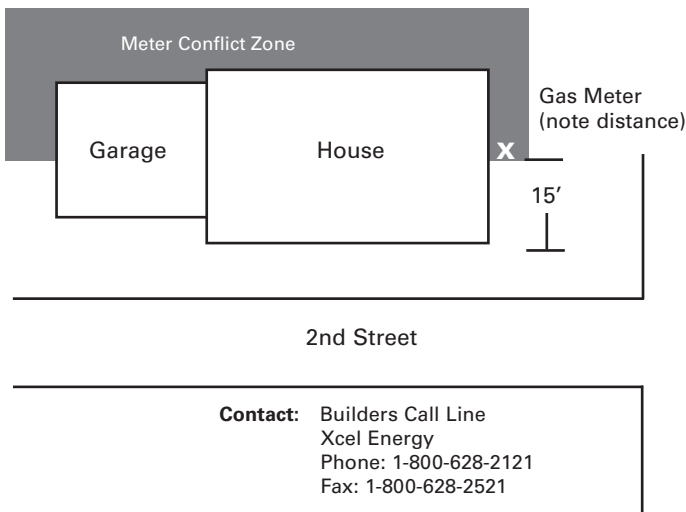
**Meter Option (if applicable)**    Back up relief    Limited Off-Peak

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. In areas served by Xcel Energy electric, please identify the side of the building the electric stub in the boulevard is located. Right or left side as the you face the house from the street.

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



Please indicate north



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 stub.
  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 stub to meter.
  7. Winter construction charges may apply from 10/1 to 4/15.
  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.



RESPONSIBLE BY NATURE™

1-800-481-4700 | xcelenergy.com

© 2010 Xcel Energy Inc. | Xcel Energy is a registered trademark of Xcel Energy Inc. | Northern States Power Company-Minnesota, an Xcel Energy Company | 10-03-319 | 01/2010 | CRS 0600