



Residential Electric Service Request Form

1. Permanent Service Information

Date _____

Parcel or Lot No. _____

Owner _____

Address _____

City _____

2. Contact Information

Owner's Name _____ Phone _____ Email _____

Electrical Engineer _____ Phone _____ Email _____

Electrician _____ Phone _____ Email _____

3. Building Information

Area (square ft.) _____

Hours of use per month _____

4. Electrical Requirements

120/240 volt, 1-phase, 3-wire 120/208 volt, 3-phase, 4-wire

230 volt 3-phase, 3-wire

5. Load Breakdown

General Lighting (W) _____

Small Kitchen Appliance (kW) _____

Laundry Room Circuit (kW) _____

Dryer (kW) _____

Range (kW) _____

Other fixed Cooking (No. of units) _____

Water Heater (kW) _____ Tank Instantaneous (tank-less)

Fix Appliances (kW) _____

A/C (kW or Tons) _____

Heat (kW) _____

Miscellaneous _____ Description _____

6. Service Size

Amps _____ Svc. Entrance Wire Size _____ Service Date _____



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7. Right-of-Way

Please provide the contact information and address for the person responsible for signing any right-of-way agreements or legal documents if required to construct the electric service:

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 E-mail: _____

8. Cost Letter

Please provide the contact information, address, and e-mail address of the person who will receive the cost letter for the construction of the electric service:

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 E-mail: _____

9. Payments

Please make sure that the check is made out to 'Duquesne Light Company'. Include the six-digit work order number on the check and send it to my attention at the address:

Do not send it to our payment processing post office box.

10. **Service Request Date:** _____

11. Additional information that should be considered as part of this request:

Please return this form to the DLC Distribution Designer on your project

Please keep a copy of this form for your records.

Office use: Date received (entered by Duquesne Light employee) _____.