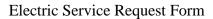


1. Permanent Service Information	1
Lot & Block #:	Work Order #:
Name of Rusiness:	
Address:	
City, State, Zip:	
2. Billing Address – Required to i	nitiate work order
Name on Account:	Tax Payer ID #:
	Tax Payer ID #:
A ddrass:	
City State Zin	
3. Contact Information	
Owner's Name:	Phone: () - e-mail:
	Phone: () - e-mail:
Electrician:	Phone: () - e-mail:
4. Building Data Area (Square ft.):	Hours of Use Per Month:
5. Electrical Requirements (check	
☐ 120/208 volt, 3-phase, 4-wire	120/240 volt, 1-phase, 3-wire
277/480 volt, 3-phase, 4-wire All voltages shown at https://www.duquesnerules.pdf#page=09	Other: <u>clight.com/docs/default-source/default-document-library/electrical-service-installation-</u>
6. Load Breakdown	
Interior Lighting (kW):	
Exterior Lighting (kW):	
Resistance Heating (kW):	
Air Conditioning (kW):	
Cooking (kW):	
Largest Motor (hp):	
Special Loads (kW): i.e., X-ray, welders, etc	
Elevator (hp):	
Miscellaneous (kW):	



7. Service Size				
Amps:	Wire Size:	Requested Service Date:		
8. On Site Generation	n			
a.) Parallel:	Yes No			
		of the system(s)?		
b.) Non- Parallel:	Yes No			
	=	of the system(s)?		
9. Metering Require	ments Multiple Meters	Other:		
Metering Location (me	eter and associated equipme	nt, i.e. instrument transformers):		
**Riser Diagram/Single Li	ne required showing proposed me	etering setup for DLC review and approval		
		gear? (Instrument transformers) rawings of the switchgear must be submitted	Yes for DLC approva	□ No
	than 480 volts? (Primary m primary metered, additional drav	netering) wings may be required for DLC approval	Yes	☐ No
Please provide the con agreements or legal do	tact information and address cuments if required to const	s for the person responsible for signin truct the electric service:	g any right-of-	way
Name:	<u>-</u>			
Address:				
City, State, Zip:		-		
Phone:				
Email:				





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

Name:	
Address:	
City, State, Zip:	
Phone:	
Email:	
Please make sure that all che order number so that payme	ecks are made out to 'Duquesne Light Company' and include the appropriate work nts are applied properly.
Additional Information for C	Consideration:
	Please keep a copy of this form for your records.