Member Load Data
Survey for New Services

Must Be Completed and Returned To Member Services Department

Member Name: __________________________________________________________________________

Current Mailing Address:     New Services Location Address:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Current Phone Number: ____________________________________________________________

Type of Structure:
_____ Residential:  __ Permanent Resident   __ Seasonal Resident
_____ Commercial:  __ Industrial   __ Other: _______________________

Specific use of commercial structure: __________________________________________________

_____ Overhead       _____ Underground

Panel Size(s):          Amps _____          Amps _____          Amps _____
Required Voltage(s):  120/240 _____  120/208 _____  277/480 _____  Other: __________

Air Conditioning  _____ BTUs or Tons  Water Heater  _____ Gallons
Heating _______ kW  Tankless Water Heaters  _____ Quantity
Refrigeration _______ BTUs  Tankless Water Heaters kW _______ Each
Lighting _______ kW  Electric Cooking Units  _______ Quantity
Dehumidification _______ BTUs  Pumps/Motors  _______ Quantity
Misc. Appliances _______ kW  Pumps/Motors HP  _______ Each

Please add any additional information which will allow us to adequately size your service:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Form 410-D