



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/MotorsHP	_____ Each

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

