



## Electric Service Request Form

**Fax #: 613-546-5391 Email: serviceadvisors@utilitieskingston.com**

Contractor/Consultant Name: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell #: \_\_\_\_\_

### CUSTOMER CONTACT INFORMATION

Customer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### SERVICE ADDRESS (Where service is to be modified)

Address: \_\_\_\_\_ Special Notes: \_\_\_\_\_

|  |  |  |
|--|--|--|
| 1 Type of work to be performed by customer:<br>Change to Pole Conduit/Cable <input type="checkbox"/> Change to Service Location <input type="checkbox"/> Other <input type="checkbox"/><br>Special Notes: _____  |  |  |
| 2 Upgrading Service?                      Yes <input type="checkbox"/> No <input type="checkbox"/><br>Old service Size: _____                      New Service Billing Rate: _____   |  |  |
| 3 Service Details:                      New <input type="checkbox"/> Upgrade <input type="checkbox"/><br>Amps _____ Volts _____<br>Phase kVA _____   |  |  |
| 4 Number of Existing Meters _____<br>Number of Additional Meters Required    Residential _____    Commercial _____   |  |  |
| 5 Meter Base Location Change?                      Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, change meter base location to: _____  |  |  |
| 6 Type of Disconnect/Reconnect Required?                      D&R at Pole <input type="checkbox"/> Meter Pull <input type="checkbox"/><br>Preferred date for Disconnect/Reconnect (mm/dd/yyyy) ( __ / __ / ____ )<br>Note: Payment in Full Required before Scheduling  |  |  |
| 7 Routing Method                      Underground <input type="checkbox"/> Overhead <input type="checkbox"/>   |  |  |
| 8 Is new/upgraded on-site generation being proposed?<br>If yes, refer to the document "Customer Guidelines for Electric Power Generation Installation & Interconnection"<br>Preferred time to call during normal business hours?                      Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |
| 9 Documents to be submitted if necessary with this form    Yes <input type="checkbox"/> No <input type="checkbox"/><br>Number of pages including this form: _____  |  |  |
| 10 Existing service transformer Owned by:                      Customer <input type="checkbox"/> Kingston Hydro <input type="checkbox"/>   |  |  |

### ELECTRIC LOAD SUMMARY

(Info only required if service is over 50kVA)

Please enter actual projected amounts, not the ESA service rating.

| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|     |     |     |     |     |     |     |     |     |     |     |     |

#### Monthly Peak Demand (kW)

Monthly Peak Demand in kW is the maximum amount of electricity the new service will consume at any single point in time during the month.

Please attach new or upgraded service ESA calculations, including line by line load summary if available.

Please include photographs of the existing service entrance and transformers if available.

Please include any other relevant material relating to the new or upgraded service.

Date \_\_\_\_\_ Signature \_\_\_\_\_