



Service Notification #: _____

NYSEG Electric Load Form (Commercial, Industrial and Municipal Customers)

Name _____ **Telephone** _____

Address _____

City _____ **State** _____ **ZIP** _____

Electrician _____ **Telephone** _____

Service Connection Preferred: (Note: Installation charges may apply)

- Secondary Voltage (Typical – NYSEG owns transformer)
- Primary Voltage (Customer owns transformer) Overhead Underground Combined OH and UG Network Multiple Supply

Service Configuration Requested:

| | Amps | Phase | Wires | Service Voltage |
|--|------|-------|-------|--|
| | | 1 | 3 | 120/240 not to exceed 100 KVA |
| | | 1 | 3 | 120/208 not to exceed 100 KVA (Requires 5th jaw in meter box) |
| | | 3 | 4 | 208 wye/120 (50kW min)* |
| | | 3 | 4 | 240 delta/120 (Overhead transformers only – not to exceed 150 KVA) |
| | | 3 | 4 | 480 wye/277 (50kW min)** |
| | | 3 | 4 | Other Specify: _____ (See note below) |

* Loads requiring transformer capacity in excess of 500 KVA will require padmount transformer and underground service connections.
 ** 480V requires a disconnect before self-contained meter. Voltages in excess of 480V may be supplied upon request where feasible.
 See Section III, Electric Services & Meter - General Information & Requirements.

➤ **Total Square Footage Existing (if upgrading):** _____ **Total Square Footage New:** _____

| Total Electric Loads | 1-Phase | 3-Phase | KVA | KW |
|-----------------------------|----------------|----------------|------------|-----------|
| Lighting | | | | |
| HVAC Equipment | | | | |
| Process Heating | | | | |
| Space Heating | | | | |
| Motors* | | | | |
| Computer Equipment | | | | |
| Convenience Power | | | | |
| Other | | | | |

Largest Motors (list with hp): _____

*Motors 10 HP and higher, please include motor code and starts per day _____

Specialized Equipment Description (Ex. X-ray equipment, welders, etc.) _____

➤ **Total Connected Load** _____ KVA _____ KW **Expected Peak Demand** _____ KVA _____ KW

Power Conditioning Equipment Yes No Specify Type: _____

Emergency Generator Yes No Rating: _____ kVa Fuel Type: Gasoline Diesel Natural Gas Other _____

Future Additional Loads (kVa/dates): _____

Individual Meter Detail:

| Meter Number | 1-Phase/3-Phase | Amps | KVA | KW | Store/Suite Identifier |
|--------------|-----------------|------|-----|----|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Do you intend to install sub meters at this location?

No Yes - If yes, you may be required to submit a petition to the Public Service Commission and receive their approval. All approvals need to be received by the company before service can be energized.

Submitted by (Signature) _____

Name (Please print) _____ Date _____

Please return promptly by: Emailing an electronic copy of the completed load form to NYSEGESI@nyseg.com or faxing to 844.515.1573 or mailing to NYSEG, Attn: Energy Service Installation, Customer Relations Center, P.O. Box 5240, Binghamton, NY 13902-5240.

Phone: 1.800.572.1111, Monday through Friday, 7 a.m. to 4:30 p.m. Using the automated system, press 3 for "Start or Stop Service, New Construction or Upgrades" and then press 3 again for "New Construction or Upgrading Service."