

NEW HAMPSHIRE ELECTRIC COOPERATIVE, INC.
LOAD DATA AND METER REQUEST FORM



Please Submit for all 3 Phase Services and any Single Phase Service ≥ 400 Amps

MEMBER / CO. NAME:	MEMBER PHONE #:
MEMBER ADDRESS:	MEMBER CONTACT PERSON:
SERVICE ADDRESS:	
CONTRACTOR NAME:	CONTRACTOR PHONE#:
CONTRACTOR CONTACT PERSON:	CONTRACTOR CONTACT PHONE #
ELECTRICAL CONTRACTOR NAME:	ELECTRICAL CONTRACTOR PHONE #
ELECTRICAL CONTACT PERSON:	ELECTRICAL CONTACT PHONE #

SERVICE EQUIPMENT DATA			
MAIN PANEL SIZE:	_____	MAIN BREAKER SIZE:	_____
Please Circle SINGLE PHASE: 120/240v Three Phase 4 WIRE: 120/208v or 277/480v Delta: 3wire or 4wire			
ELECTRICAL CONNECTED LOADS MUST BE REFLECTED IN KW			
LIGHTING:	WASHER:	GEO THERMAL	YES OR NO
RECEPTACLES:	DRYER:	GEO THERMAL LARGEST MOTOR SIZE	
SPACE HEATING:	ELEVATOR:		
WATER HEATING:	MISCELLANEOUS:		
AIR CONDITIONING:	OTHER "DESCRIBE":		
MOTORS:	EMERGENCY GENERATION?	KW:	
ESTIMATED DEMAND = TOTALED CONNECTED LOAD IN KW _____ X 0.8 = _____			

LARGE ELECTRICAL EQUIPMENT AND MOTORS	1 or 3 PHASE	VOLTS	HORSE POWER	RENEWABLE ENERGY DATA AND INSTALLING CONTRACTOR INFORMATION
				RENEWABLE SOURCE PV, WIND, HYDRO
				INSTALLERS NAME:
				INSTALLERS PHONE#
				INVERTER SIZE(kw):
				GROUP NET HOST PROJECT? YES OR NO
				GROUP NET HOST# OF MEMBERS _____

Form filled out by: _____ **Title:** _____
 I certify that the information provided above on this form is accurate, and it correctly reflects the expected electrical load.

Signature: *X* _____ **Date:** _____

Section to be completed by Line Design Tech: _____ **Note: Shaded Section area for Internal Use Only**

WO #	District:	Pole #	Date:
Member Account Number:		Designer:	
<input type="checkbox"/> 3 Ph Self Contained	<input type="checkbox"/> 1 Ph XFMR Rated ≥ 400A	<input type="checkbox"/> 3 Ph XFMR Rated ≥ 400A	
Meter Socket Mounting:	<input type="checkbox"/> Building	<input type="checkbox"/> XFMR	<input type="checkbox"/> Pole <input type="checkbox"/> Other: _____
CT Metering Method:	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	
CT Mounting:	<input type="checkbox"/> Pole Mount	<input type="checkbox"/> Pad Mount	<input type="checkbox"/> CT Enclosure <input type="checkbox"/> Other: _____
Meter Dept Section:	Installer:	Co-op #	Ratio
Meter Prog #	Meter #	CT	VT
Date Complete:		CT	VT
XFMR Loss Compensation Y / N		CT	VT

Reply To: New Hampshire Electric Cooperative, Inc 579 Tenney Mtn. Highway, Plymouth, NH 03264 (800) 698-2007

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