

ELECTRICAL SERVICE DATA

Work Order No. _____
Service Order No. _____

Applicable for all single or three phase services. Please complete form in its entirety and return to:

Engineering Department (Attn. Jim Carter)
Frankfort Electric and Water Plant Board
P.O. Box 308
Frankfort, Kentucky 40602
(502) 352-4401
(502) 227-9654 FAX
jcarter@fewpb.com

Project: _____ Location: _____

Owner/Developer: _____ Phone No. _____

Architect/Engineer: _____ Phone No. _____

Electrical Contractor: _____ Phone No. _____

Anticipated date for: Temporary Service: _____

Permanent Service: _____

Type of Service (Check all that apply):

Overhead _____	Single Phase _____
Underground _____	Three Phase _____
Padmounted Transformer _____	New Service _____
Polemounted Transformer _____	Electric Heat _____
Existing Service Upgrade _____	Central Air _____

Service Entrance Capacity: _____ amps Voltage _____

Total connected horsepower: 1φ _____ 3φ _____ Percent THD _____

Welding Load _____ Type of Welding _____ (Arc, Spot, Mig, Induction, etc.)

Estimated 15 minute demand in KW:

Summer _____ Winter _____ Power Factor _____

Signature of person completing form _____ Date _____

Printed Name: _____ Company _____

Title _____ Phone No. _____

E-mail: _____