



817 South Madison Street • PO Box 431 • Waupun, WI 53963
Phone (920) 324-7920 • Fax (920) 324-7922

Electric Service Application

Estimated date **electric service** required: _____

If needed, estimated date **temporary service** required: _____

Note: Installation occurs approximately five days after all requirements are met

Site Information

Address: _____

Parcel No: _____ Lot No: _____ Addition: _____

Building Permit No: _____

Property Type: Residential Apartments/Condominium Commercial Industrial

Number of Units: _____

Customer Information

Name: _____

Additional Name on Account: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Other Phone: _____

Email: _____

Builder / General Contractor Information

Name: _____ Phone Number: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Electric Contractor Information

Name: _____ Phone Number: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Electric Service / Metering Requirements

Size: 100 Amps 200 Amps 320 Amps Other: _____ Amps

Type: Overhead Underground Voltage: 120/240 120/208 277/480

Phase: 1-Phase 3-Phase

Include a certified plat of survey with this application and mark the following information on the plat: 1. "E" where your electrical contractor will install the electric meter socket. Location will be reviewed and final placement of electric service will be determined by Waupun Utilities.

Property Owner's Signature

Date

Electrical Contractor's Signature

Date