



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: _____ New Replace Relocate
If needed, estimated date **temporary service** required: _____

Note: Installation will not occur until all requirements and applications are filled out. Once all requirements are met, installation will occur approximately five days after.

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 Level 2 EV Charger

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/Credential ID

Date