

ELECTRIC SERVICE DATA SHEET

DATE _____

COMPANY _____

CONTACT PERSON _____

ADDRESS _____

PHONE # _____

FAX # _____

Please enclose 2 copies of your site plan and electric facility layout. Also complete the below listed preliminary estimate of demand loads for the following categories.

Lights _____ KW	Misc. Equipment _____ KW
Receptacles _____ KW	Total (New) _____ KW
Resistance Head _____ KW	Existing _____ KW
Motors _____ KW	Total Demand _____ KW

Largest Motor _____ HP

Secondary Service Requested _____ Volt _____ Phase _____ Wire

Submitted by _____

(To be completed by City of Tipp City)

The following is a checklist of materials and labor to distinguish and verify the responsibilities of the City Electric Utility and Electrical Contractor.

Service Equipment	Furnished by		Installed by		
	Owner	Utility	Owner	Utility	
(A) Transformer	_____	_____	_____	_____	Type__ KVA
(B) Primary Terminations					
(1) at Pole	_____	_____	_____	_____	
(2) At Transformer	_____	_____	_____	_____	
(C) Weatherhead	_____	_____	_____	_____	
(D) Primary Conduit	_____	_____	_____	_____	
(E) Secondary Conduit	_____	_____	_____	_____	
(F) Primary Conductor	_____	_____	_____	_____	_____ V
(G) Secondary Conductor	_____	_____	_____	_____	_____ V
(H) Secondary Connections	_____	_____	_____	_____	
(I) Transformer Pad	_____	_____	_____	_____	
(J) Current Transformer	_____	_____	_____	_____	
(K) C.T. Cabinet	_____	_____	_____	_____	Size _____
(L) Metering Conduit	_____	_____	_____	_____	Size _____
(M) Meter Base	_____	_____	_____	_____	
(N) Primary Trench & Fill	_____	_____	_____	_____	
(O) Secondary Trench & Fill	_____	_____	_____	_____	

Remarks _____

Approved by: _____ Date: _____
City of Tipp City/Title

Note: Large Power (LP) Rate Determination: All transformer bank sizes of 151KVA and larger will be classified within the LP Rate and will be subject to a minimum demand charge of one-half (1/2) of installed transformer capacity.

Example: 500 KVA (installed) x.5=250KVA x \$8.00/KVA=\$2,000/month minimum demand charge.