



NON-RESIDENTIAL SERVICE REQUEST / LOAD SHEET FORM

To provide you with timely and accurate service, please complete all five sections of this form.

The Delivery Information and Load/ Equipment Information sections are needed by our engineering group to accurately meet your electrical requirements. **Please be aware a load sheet is required for each meter.** If this information is not available at this time, please complete the Billing Information, Service (Site) Address Information, and Additional Contact Information sections so we can initiate your service request.

Please email, fax or mail this information to:
Email CCCB&ILNFAX@duke-energy.com • Fax # 1-800-943-6910

Duke Energy, Attn: Business & Industry, 9700 David Taylor Drive, Charlotte, NC 28262-2363

1) BILLING INFORMATION – Complete applicable fields.

Customer's Legal Billing Name (Should match Federal Tax ID):

Form of Ownership: Sole Proprietor Corporation Limited Liability Corporation
 Partnership Limited Liability Partnership

Doing Business As (DBA): _____ Federal Tax ID / SS# _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Additional Mailing Info: _____

Billing Contact Name: _____ Title: _____

Daytime Phone #: _____ FAX #: _____

E-MAIL: _____

Property Ownership: Own Rent / Lease

Name of Property Owner: _____ Phone #: _____

Have you ever had non-residential service with Duke Energy? Yes No

If yes, list other Duke Energy account # or service address. _____

If no, provide Dunn & Bradstreet (D&B) number if applicable. _____

2) SERVICE (SITE) ADDRESS INFORMATION – Complete applicable fields.

New Service (No Existing Service Lines)

Existing Service (Existing Service Lines)

Upgrade Existing Service (Existing Service Lines)

Provide Duke Energy account # or Meter #: _____

Service Address/Location: _____

City _____ State: _____ Zip: _____

County: _____

Directions from a main road: _____

What type of business or facility will this meter serve? (e.g. Auto Assembly Plant, High School, Retail Shoe Store)

Actual Hours of Operation: M - F _____ Weekends _____ Other _____

Requested By: _____ Title: _____

Daytime Phone #: _____ FAX #: _____

E-MAIL: _____

Alternate Phone #: _____ Date Service Needed: _____

NOTE: A final inspection may be needed to complete your service request. Check with the appropriate City or County Inspections Dept. to determine their communication procedures with Duke Energy.

| Food Service Equipment | | | |
|---|--|-----|------------------|
| Type of Equipment (Cooking, Refrigeration, Other) | Description (Range, Refrigeration, Freezer, Microwave, etc.) | QTY | KW (per unit) |
| | | | |
| | | | |
| | | | |

| Motor Data | | | | |
|--|-----|---------------------|--|-------------|
| Description of Each Motor (Motors not included elsewhere on this form) | QTY | HP (Per Unit) | Starting Frequency # Times / Interval | 3 PH Y/N |
| | | | | |
| | | | | |
| | | | | |

Provide Starting/Lock rotor Amps for the largest motor _____. If this motor has starting compensation, provide description _____

Note: Starting compensation is required for motors greater than 7.5 HP (7.5KW).

| Other Miscellaneous Equipment | | | | | |
|---|-----|-----------------------|---------------------|------------------|-------------|
| Type of Equipment (Welder, X-Ray, MRI) | QTY | Amps (Per Unit) | Volts (Per Unit) | KW (Per Unit) | 3 PH Y/N |
| | | | | | |
| | | | | | |
| | | | | | |

Provide Starting/Surge Amps for the largest unit _____. If this unit has starting compensation, provide description _____

Note: Starting compensation required for units greater than 5 tons (7.5KW).

Special Instructions: Please copy load equipment page for additional equipment that was not captured above. Please enter any special instructions below:

Questions? Please call 1-800-653-5307

Form 10230 (R11/07) Stock Code 89682