

# NON-RESIDENTIAL SERVICE REQUEST 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. 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 fax or mail this information to:

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

**Fax # 1-800-943-6910 • Local Fax # 704-594-0557 • Telephone # 1-800-653-5307**

## 1) BILLING INFORMATION – Complete applicable fields.

Legal Name of Ownership: \_\_\_\_\_

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: \_\_\_\_\_

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? \_\_\_\_\_

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.**

## 3) ADDITIONAL CONTACT INFORMATION – Complete applicable fields.

General Contractor/Builder Name: \_\_\_\_\_ Electrician Name: \_\_\_\_\_

Daytime Phone #: (\_\_\_\_) \_\_\_\_\_ Daytime Phone #: (\_\_\_\_) \_\_\_\_\_

Alternate Phone #: (\_\_\_\_) \_\_\_\_\_ Alternate Phone #: (\_\_\_\_) \_\_\_\_\_

FAX #: (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## 4) DELIVERY INFORMATION – Complete applicable fields.

Total Load \_\_\_\_\_ (KW) Additional Load Only \_\_\_\_\_ (KW)

Check Service Desired:  Overhead  Underground Customer Wire Type:  Copper  Aluminum

Check Phase Desired:  Single Phase  3-Phase Delivery Voltage: \_\_\_\_\_ (Volts) Number of wires:  3  4

Service Size: \_\_\_\_\_ (Amps)

**4) DELIVERY INFORMATION – (Continued)**

# of Conductors Per Phase: \_\_\_\_\_ Size of Conductors: \_\_\_\_\_ # of Neutral Conductors: \_\_\_\_\_ Size of Neutral: \_\_\_\_\_

**NOTE: If underground 3 Phase Service is required, the number of conductors per phase is limited to 12.**

Gross Square Footage: \_\_\_\_\_ Conditioned Square Footage: \_\_\_\_\_

Duke Energy Work Request #: \_\_\_\_\_ Send Confirmation FAX to: \_\_\_\_\_ FAX #: (\_\_\_\_\_) \_\_\_\_\_

**5) LOAD / EQUIPMENT INFORMATION – Complete applicable fields.**

**LIGHTING / RECEPTACLE INFORMATION**

Interior Lights: \_\_\_\_\_ (KW)  
 Exterior Lights: \_\_\_\_\_ (KW)  
 Receptacles: \_\_\_\_\_ (Quantity)  
 Receptacles: \_\_\_\_\_ (Total KW)

**WATER HEATING INFORMATION**

Domestic: _____	Sanitary: _____	Booster: _____
Quantity: _____	Quantity _____	Quantity _____
Size / Gallons: _____	Size / Gallons _____	Size / Gallons _____
Total KW: _____	Total KW _____	Total KW _____

**NOTE: Make additional copies of this form as needed to supply all equipment information. If multiples of the same type of equipment exists, include the information for the group on one row in the appropriate grid. The KW, AMP and VOLT columns will represent a single piece of equipment and is applicable to all equipment included in the group.**

HEATING/COOLING INFORMATION			
TYPE OF HEAT / COOLING (Heat Pump, Strip Resistance Heat, Electric Furnace, Any Backup Heating, Central A/C, Window A/C, Chiller Load, Fans, Pumps, Cooling Tower, Other)	QTY	SIZE (Tons / BTU's Per Unit)	KW (Per Unit)

Provide Starting/Lock rotor Amps for the largest unit \_\_\_\_\_. If this unit has starting compensation, provide a description \_\_\_\_\_

**Note: Starting compensation not required for units equal to or less than 5 tons (7.5KW).**

FOOD SERVICE INFORMATION			
TYPE OF EQUIPMENT (Cooking, Refrigeration, Other)	DESCRIPTION (Range/Oven, 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)	KW (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 not required for motors equal to or less than 7.5 HP (7.5KW).**

OTHER MISCELLANEOUS EQUIPMENT					
TYPE OF EQUIPMENT (Welder, X-Ray, etc.)	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 not required for units equal to or less than 7.5 tons (7.5KW).**

**Special Instructions – Provide additional information that was not captured above.**