



An AVANGRID Company

Electric Load Form

Commerical, Industrial, and Municipal Customers

Service Notification Number _____

Customer Name		Day Phone	
Address Location of New or Additional Load			
Address 2			
City	State	ZIP	
Electrician		Day Phone	

Service Connection Preferred (Note: Installation charges may apply)

- Secondary Voltage (Typical – Utility owns transformer) Primary Voltage (Customer owns transformer)
- Overhead Underground Combined Overhead and Underground
- Apartment Complex: Number of Buildings _____ Units per Building _____
- URD Multiple Secondary and Transformers: Total Units _____

Service Configuration Requested (Select one)

Service Voltage	Phase	Wire	Amps
120/240 not to exceed 100 kVA	1	3	
120/208 not to exceed 100 kVA (Requires 5th jaw in meter box)	1	3	
208 wye/120 (50kW min) *	3	4	
240 delta/120 (Overhead transformers only – not to exceed 150 kVA)	3	4	
480 wye/277 (50kW min) **	3	4	
Other Specify: _____ (See note below)	3	4	

* Loads requiring transformer capacity in excess of 500 kVA will require pad mount transformer and underground service connections.
 ** 480V requires a disconnect before self-contained meter. Voltages in excess of 480V may be supplied upon request where feasible. See Section III, Electric Services and Meter – General Information and Requirements.

Total Square Footage Existing (if upgrading) _____ Total Square Footage New _____ Heating: Gas Electric

Electric Load Type	Power Factor	Connected kW	Connected kVA
Lighting			
Air Conditioning			
Heating (Space Conditioning)			
Heating (Industrial Process)			
Cooking Appliances			
Continuous Motors (on for 3 hours or longer)			
General Purpose Motors (on for less than 3 hours)			
Receptacles			
Refrigeration			
Electric Hot Water			
Special Equipment (welders/x-ray/elevators)			
Miscellaneous			
Electric Vehicle Charging			

Total Connected Load _____ kVA _____ kW

Expected Peak Demand _____ kVA _____ kW



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Largest Motors (HP) Single-Phase Three-Phase _____

Motors 10 HP and higher, please include connected phase, motor code, and starts per day. Which motors are simultaneously started?

VFD Equipment Yes No

Specialized Equipment Description (x-ray, welders, rock crushers, etc.)

Power Conditioning Equipment Yes No, specify type _____

Electric Battery Storage Yes No, specify size (kW): _____

Future Additional Loads (kVA/dates) _____

Number of Meters Single-Phase _____ Three-Phase _____

Do you intend to install submeters at this location?

Yes No

If yes, you may be required to submit a petition to the Public Service Commission and receive their approval. All approvals need to be received by the company before service can be energized.

Submitted by _____
SIGNATURE

Name _____
PLEASE PRINT DATE

Please return the signed and completed form by

- Email NYSEG_ESI@nyseg.com
- Fax **844.515.1573**
- Mail NYSEG, Attn: Energy Service Installation
Customer Service
P.O. Box 5240
Binghamton, NY 13902-5240

Questions? Contact us at 800.572.1111

- Monday through Friday (excluding holidays) from 7 a.m. - 4:30 p.m.
- Select option 3 for "Start or Stop Service, New Construction or Upgrades" and then select option 3 again for "New Construction or Upgrading Service."