



**Claverack Rural
Electric Cooperative, Inc.**
"Powered by Excellence"

**REQUEST FOR INFORMATION
NEW ELECTRIC SERVICE – NON RESIDENTIAL USE**

ALL RED BOXES ARE REQUIRED

Your electric service request will be processed after this form is completed in its entirety and returned to Claverack REC. Timely completion of this form will avoid delay in providing service. Incomplete forms will be returned.

CUSTOMER INFORMATION

Member Name: _____ Phone #: _____

Email Address: _____ Fax #: _____

Service Address: _____

City: _____ Zip: _____ Township: _____ County: _____

Mailing/Billing Address: _____

City: _____ State: _____ Zip: _____

DATE PERMANENT SERVICE IS REQUESTED: _____ (this date will be discussed with you after review of this project.)

PROJECT CONTACT INFORMATION

Electrical Contractor: _____ Phone #: _____

Address: _____ Cell #: _____

Email Address: _____ Fax #: _____

Architect: _____ Phone #: _____

Address: _____ Cell #: _____

Email Address: _____ Fax #: _____

REQUESTED SERVICE INFORMATION

1-Phase, 120/240 VOLT, 3-WIRE

3-Phase, 277/480 VOLT, 4-WIRE

3-Phase, 120/208 VOLT, 4-WIRE

OTHER: _____

3-Phase, 120/240 VOLT, 4-WIRE

New Service Size – AMPS: _____

Nearest Claverack REC Pole #: _____

Do existing Claverack REC facilities need to be moved to accommodate this project? Yes No

Description of facilities to be moved (charges may apply): _____

CONNECTED ELECTRICAL LOAD

Our facilities will be designed based on the load information provided; therefore, accuracy is essential. Please indicate connected loads in terms of kW, HP, and Tons.

Lighting: Indoor: _____ kW

Outdoor: _____ kW

1-Phase Motors (excludes HVAC): _____ HP

1-Phase Miscellaneous: _____ kW

3-Phase Motors (excludes HVAC): _____ HP

3-Phase Miscellaneous: _____ kW

Process Heating: _____ kW

Refrigeration: _____ kW

Space Heating: _____ kW

Air Conditioning: _____ Tons

Welders: _____ kW

Cooking: _____ kW

Water Heating: _____ kW

Specify equipment manufacturer, type, and rating below:

[illegible]

LARGEST MOTOR (Including HVAC)

Largest Motor: _____ HP (Claverack REC may specify type of starting)

NEMA CODE: _____ # Starts/Hour: _____ or Day: _____

Starting: _____ Across the line** : _____ Reduced voltage at _____ %

Description of equipment the motor drives: _____

Do motors operate simultaneously? Yes No

Note: Please ensure all HP motor load is included in connected electrical load above.

****Reduced voltage/soft start required for all 1-Phase motors greater than 7.5 HP and all 3-Phase motors greater than 15 HP.**

Submitted By (Please Print): _____ Date: _____
 Phone #: _____
 Title: _____ Fax #: _____

If printing this document, please return the completed form to Claverack REC:

USPS – Mail to: Claverack REC
Attention: Engineering Dept
32750 Route 6
Wysox, PA 18854

Fax to: (570) 265-5060
Email: clavengineering@ctenterprises.org

If you have any questions, please call Claverack REC at 1-800-326-9799