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P.O. BOX 98  
KIEL, WI 53042



## REQUEST FOR SERVICE/CHANGE OF SERVICE

### Project Information

For electric service to a new building, a plat survey is required to process your application.

\*A diagram is needed of the proposed dwelling, separate outbuildings, septic systems, wells, and any other structures that might be useful for the consideration of routing the power cables and the location of the transformer.

#### Site Information:

Address: \_\_\_\_\_  
City/Town/Village (circle and name): \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
County: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_  
Second Address: (If a Duplex) \_\_\_\_\_  
Electrician Name and Phone Number: \_\_\_\_\_

#### Owner Information:

Name: \_\_\_\_\_ Current Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Employer (name): \_\_\_\_\_

**Customer Type:**     HOME     BUSINESS

#### Electric Service:

Type:     New Service     Upgrade Existing Service     Move Present Service  
 Request for overhead/underground **new**  
 Request for overhead/underground **conversion**  
 Request for overhead/underground **upgrade**

Construction Type:     Aerial     Underground

**Residential:**     120/240     120/208     100 AMP     200 AMP     \_\_\_\_\_ AMP

**Commercial:** (Below 75kw load)     **Single**     **3 Phase**  
 200 AMP     200 AMP  
 320 AMP     320 AMP  
 600 AMP     600 AMP     \_\_\_ AMP/PHs

Voltage Type:     120/240     120/208     277/480

Large Power: 3-Phase, Demand Metering       600 AMP       \_\_\_\_\_ AMP  
Voltage Type       120/208       277/480  
 Secondary Metering (Need to talk to meter tech on meter socket # and CT Cabinet #)

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**Rental Lights:**    Yes       No      Quantity: \_\_\_\_\_      Size (watts): \_\_\_\_\_

**CONSTRUCTION REQUIREMENTS TO BE COMPLETED:**

	<b>Completed</b>
Site plan provided (include decks, patios, pools, docks, walls, etc.)	<input type="checkbox"/>
Proposed buiding staked	<input type="checkbox"/>
Proposed service location marked	<input type="checkbox"/>
Locate customer owned underground facilities (fuel line, septic, etc.)	<input type="checkbox"/>
Remove obstructions in consturction area (dirt pile, rocks, equipment)	<input type="checkbox"/>
Backfill completed to within 6" of final grade	<input type="checkbox"/>
Payment of utility service(s)	<input type="checkbox"/>
Inspection report provided	<input type="checkbox"/>

**ESTIMATED START DATE OF SERVICE:**

\_\_\_/\_\_\_/20\_\_\_.

Notes:

*Please attach any diagrams made to complete this application.*

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Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_