

**Jo-Carroll Energy**  
ELECTRIC AND NATURAL GAS  
SERVICE APPLICATION

**FOR OFFICE USE ONLY**

Date Received / /	Electric WO No.	Gas WO No.	Service Order No.
Jo-Carroll Energy contact assigned to:		Work Phone No. ( )	Member Number

**HOME OWNER AND SITE INFORMATION**

Home Owner Name (Last/First/MI)				
New Service Address	Street	City	State	Zip
Existing Mailing Address	Street	City	State	Zip
Home Phone No. ( )	Cell Phone No. ( )	Work Phone No. ( )	Fax No. ( )	E-mail Address
City / Town / Village (check one and enter name) <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village (Name)			Subdivision Name	Lot No.
County	Square Footage of building	Class of construction / residential, commercial, farm, industrial, irrigation etc:		

**BILLING INFORMATION**

Who should be billed for electric/gas installation? <input type="checkbox"/> Builder <input type="checkbox"/> Building Owner	Who should be billed for electric/gas usage during construction? <input type="checkbox"/> Builder <input type="checkbox"/> Building Owner
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**CONTRACTOR INFORMATION**

Builder/Contractor Name	Contact Person Name	Federal Tax I.D. No.		
Address	Street	City	State	Zip
Home Phone No. ( )	Cell Phone No. ( )	Work Phone No. ( )	Fax No. ( )	E-mail Address
Electrical Contractor	Work Phone No. ( )	Cell Phone No. ( )		
Heating Contractor	Work Phone No. ( )	Cell Phone No. ( )		

**ELECTRIC SERVICE REQUIREMENTS**

Date Permanent Electric Service Needed (MM/DD/YYYY): / / (grade must be with in 6" before installation)	Date Temporary Electric Service Needed (MM/DD/YYYY) / /	<b>Available voltages (check one)</b> <input type="checkbox"/> 120/240v 1 phase only <input type="checkbox"/> 120/208v 1 phase 3 phase <input type="checkbox"/> 277/480v 3 phase only
Service Amps <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> Other _____	Service Type <input type="checkbox"/> Overhead <input type="checkbox"/> Underground	
Electric Equipment	* Commercial, Industrial and Farm class members attach detailed load data to application.	
Electric Heat _____ Watts <input type="checkbox"/> Water Heater _____ Quantity <input type="checkbox"/> Instantaneous water heaters _____ Quantity	<input type="checkbox"/> Central A/C _____ Tons <input type="checkbox"/> Ground Source Heat Pump _____	Locked Rotor Amps (LRA) <input type="checkbox"/> Other _____ * report LRA for Heat Pumps and A/C

**GAS SERVICE REQUIREMENTS**

Estimated Date Permanent Gas Service Will Be Needed (MM/DD/YYYY): / / (grade must be with in 6" before installation)	Delivery Pressure Needed <input type="checkbox"/> 1/4 psi / 7" WC <input type="checkbox"/> 2 lbs <input type="checkbox"/> other _____ lbs <input type="checkbox"/> 5 lbs <input type="checkbox"/> 10 lbs
Natural Gas Equipment	* Commercial, Industrial and Farm class members attach detailed load data to application.
<input type="checkbox"/> Heating _____ Quantity _____ BTU's	<input type="checkbox"/> Water Heater _____ Quantity _____ BTU's
<input type="checkbox"/> Range _____ Quantity _____ BTU's	<input type="checkbox"/> Dryer _____ Quantity _____ BTU's
<input type="checkbox"/> Instantaneous Water Heater _____ Quantity _____ BTU's	<input type="checkbox"/> Other (Generator, Pool Heater, etc.) _____ Quantity _____ BTU's

**BUILDING SITE SKETCH AND METER LOCATION REQUIREMENTS**

- Member **must** include a building site sketch with this application and mark the following information on the map:
1. Mark a "G" for your proposed gas meter location with a measurement from the nearest corner of the building.
  2. Mark an "E" for your proposed electric meter socket/pedestal location with a measurement from the nearest corner of the building.
  3. Show all decks, pools, wells, septic, underground tanks/fuel lines, drain tiles/downspouts, customer owned wires, sprinkler systems etc.
  4. Include street names and the direction of North.