

**BIG BEND ELECTRIC COOPERATIVE, INC.
SERVICE UPGRADE / RELOCATION APPLICATION
RESIDENTIAL**

Big Bend Electric Cooperative, Inc. requires that this form be filled in completely for all construction of new line extensions and service changes so that a study of line extension costs and anticipated revenues can be made. Applicant will coordinate service entrance location with Big Bend Electric Cooperative, Inc. Flag or mark the exact location where the service is requested.

PLEASE RETURN COMPLETED FORM TO: Big Bend Electric Cooperative, Inc.
P.O. Box 348
Ritzville, WA 99169

Please Print Legibly.

ITEM 1 - GENERAL INFORMATION

Applicant Name _____
Last First Initial

Mailing Address _____
Route/Street/P.O. Box

City State Zip Code

Telephone Numbers Home _____ Work _____

Information For the Existing Service Being Relocated / Upgraded

Account Numbers Of Services Being Relocated Or Upgraded :

Account Name _____
Last First Initial

Account Considered: Individual Corporation Partnership
 LLC LLP LP

Mailing Address _____
Route/Street/P.O. Box

City State Zip Code

Telephone Number _____

ITEM 2 - THIRD-PARTY INFORMATION RELEASE

Please give the name and phone number of another person we can contact for information concerning this electrical service. (electrician, contractor, etc.)

Contractors Name _____

Phone Number _____

Name of Electrician _____

Phone Number _____

I, _____, authorize the above named Electrician and/or Contractor to be my representative for the duration of this project.

Signature: _____

ITEM 3 - REMARKS

Additional Remarks: _____

ITEM 4 - PROPERTY INFORMATION

As Applicant, what is your interest in the property?

- Owner Long term lease
 Buying on contract
 Renter
 Other _____

Legal Description:

Section _____ Farm Unit _____

Township _____ North Block _____

Range _____ East

Subdivision _____

Lot _____ Block _____

Property Owner _____

Property Owner Considered :

- Individual Corporation Partnership
 LLC LLP LP

Property located in:

- Adams County Franklin County

Other

County Assessor's Tax Parcel ID Number _____

ITEM 5 - OTHER INFORMATION

A copy of the Statutory Warranty Deed or the Sales Contract, which shows ownership and the complete legal description of the property must be forwarded to our office upon submittal of this application. These forms are necessary for preparing easements and long term contracts.

A detailed sketch that shows the locations of buildings or irrigation pumps that you are requesting electrical service for is preferred. Please include any applicable landmarks, roadways, existing power lines, etc.

Residential Load Data Information

TYPE OF STRUCTURE:

Mark All Applicable Boxes

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> House | <input type="checkbox"/> Tenant Or Labor Housing |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Modular | <input type="checkbox"/> Shop |
| <input type="checkbox"/> Seasonal | <input type="checkbox"/> Single Wide Mobile | <input type="checkbox"/> Other - Describe _____ |
| | <input type="checkbox"/> Double Wide Mobile | _____ |

Living Floor Area (in square feet):

Main Floor	_____	Basement	_____
Second Floor	_____	Third Floor	_____

The load information requested below is necessary for sizing equipment for your new service / service upgrade. This form will need to be completed and returned to our office upon submittal of your application. We encourage you to provide us with a full set of electrical plans showing the following information or a copy of the N.E.C. load calculation prepared by your electrician. Returning a copy of your plans or N.E.C. load calculations will eliminate the need to complete the remaining portion of this form. If you do not have drafted plans or the N.E.C. load calculation, please complete this form.

Check Type Of Heat:

- | | | |
|-----------------------------------|------------------------------|---|
| <input type="checkbox"/> Electric | <input type="checkbox"/> Gas | <input type="checkbox"/> Other - Describe _____ |
|-----------------------------------|------------------------------|---|

Service Entrance Size (Amps): _____

LOAD BREAKDOWN

Note: If upgrading an existing service, list under "EXISTING" only the load that will remain at the site after completion of the upgrade.

	New	Existing
Lighting: (watts)	_____	_____
Heating: (kw)	_____	_____
Backup Heating: (kw)	_____	_____
Water Heater: (watts)	_____	_____
Outlets: (amps)	_____	_____
Air Conditioning: (btu)	_____	_____
Motors: (horsepower), (list all motors separately)	_____	

Motors Worst Case Load: (i.e., motors running at one time), (list all motors separately)

Special Use Items: i.e., welders, sauna, jacuzzi, electric kilns, etc.)
List Items And Power Requirements: (i.e., voltage, kw, amps)

PLEASE NOTE:

Incomplete information can result in delays in processing your application. The applicant is responsible for notifying Big Bend Electric Cooperative, Inc. - Engineering Dept. of any changes in the above information.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINTED NAME OF PROPERTY OWNER: _____

SIGNATURE OF PROPERTY OWNER: _____ DATE: _____

Copies of photo ID are required to verify above signatures.