

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

Big Bend Electric Cooperative, Inc. requires that this form along with the attached Load Data Information 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 upgrade or relocation 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 \_\_\_\_\_

Email address: \_\_\_\_\_

**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: \_\_\_\_\_

**\*\*\*It is recommended your Electrician be present for the on site meeting.**

**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 \_\_\_\_\_

Service address: \_\_\_\_\_

Does this property currently have electric service? Y  N

If so, who is the serving utility? \_\_\_\_\_

If so, what is the electric service serving? \_\_\_\_\_

**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.

### Commercial Load Data Information

How many days a year will you use power ? \_\_\_\_\_ Service Entrance Size ( Amps ) : \_\_\_\_\_

Building Floor Area (in square feet): Main Floor \_\_\_\_\_ Basement \_\_\_\_\_ Second Floor \_\_\_\_\_

**Type Of Structure :**

- Warehouse
- Office Building
- Cold Storage
- Other \_\_\_\_\_

**Voltage Requirements :**

- 120 / 240 Single Phase
- 120 / 240 Three Phase Overhead only
- 240 / 480 Three Phase Overhead only-Cooperative Approval only
- 120 / 208 Three Phase
- 277 / 480 Three Phase

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 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.

**Type of heat and KW usage**

<p><b>NEW</b></p> <p><input type="checkbox"/> Electric Heat _____ KW</p> <p><input type="checkbox"/> Other _____ KW</p>	<p><b>EXISTING</b></p> <p><input type="checkbox"/> Electric Heat _____ KW</p> <p><input type="checkbox"/> Other _____ KW</p>
---	--

**Load Breakdown :**

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

	<b>NEW</b>	<b>EXISTING</b>
Air Conditioning :	_____	_____
Water Heaters :	_____	_____
Lighting :	_____	_____
Outlets :	_____	_____

**Motor Loads : ( Horsepower, List All Motors Separately )**

**Single Phase:**

<b>NEW</b>	<b>EXISTING</b>
_____	_____
_____	_____

Worst Case Load ( i.e., Motors Running At One Time ) ( List All Motors Separately )

_____	_____
_____	_____

**Three Phase:**

<b>NEW</b>	<b>EXISTING</b>
_____	_____
_____	_____

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, Single or Three Phase )

<b>NEW</b>	<b>EXISTING</b>
_____	_____
_____	_____

NOTE Are there any motors being installed that are classified as adjustable speed motors, variable speed motors, variable frequency motors, electronic speed control, etc.

Yes     No

If yes, list those motors again here. \_\_\_\_\_

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

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

**Copies of photo ID are required to verify above signatures.**