

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

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 _____

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 _____

Does this property currently have electric service? Y N

If so, who is the serving utility? _____

If so, what is the electric service serving? _____

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: _____

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.

Irrigation Load Data Information

Source Of Water:

Streams
 Lake
 Canal
 Well
 Field Waste Water
 Waste Way

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.

MARK ALL APPLICABLE BOXES.

Type Of Service:

Irrigation
 Frost Control / Cooling
 Other _____

Type Of Motor Load:

Irrigation Pump
 Pivot
 Frost Control / Cooling
 Other _____

Voltage Requirements:

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

How many days a year will you use power ? _____

Motor Load Breakdown : (List Each Motor Separately)

IRRIGATION PUMP MOTORS

Note : If upgrading an existing service, list under "EXISTING" only the motors that will remain at the site after completion of the upgrade. List additional motors on separate page or in the Remarks section on the front page.

NEW				EXISTING			
HP	1 Or 3 Phase	Starter Type	Main or Booster	HP	1 Or 3 Phase	Starter Type	Main or Booster
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

PIVOT MOTIVE MOTORS

NEW				EXISTING			
HP	1 Or 3 Phase	Starter Type	Main or Booster	HP	1 Or 3 Phase	Starter Type	Main or Booster
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

FROST CONTROL AND / OR COOLING PUMP MOTORS

NEW				EXISTING			
HP	1 Or 3 Phase	Starter Type	Main or Booster	HP	1 Or 3 Phase	Starter Type	Main or Booster
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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 : 1. 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.

2. The current irrigation service rate schedule requires that a facilities charge be paid prior to connection of the newly constructed service. The facilities charge is over and above any contribution in aid of construction or any extraordinary costs.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINTED NAME OF PROPERTY OWNER: _____

SIGNATURE OF PROPERTY OWNER: _____ DATE: _____

Copies of photo ID are required to verify above signatures.