

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

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.

PLEASE FILL OUT LOAD DATA INFORMATION ON OTHER SIDE

# 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:

- Electric       Gas       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.**