



DATE: \_\_\_\_\_

TEMP W.O.# \_\_\_\_\_ TEMP S.O.# \_\_\_\_\_

PERM W.O.# \_\_\_\_\_ PERM S.O.# \_\_\_\_\_

SERVICE REQUIREMENT SUMMARY (SRS)  
 FOR SINGLE PHASE SERVICE  
 Tel: 973.875.5101  
 Fax: 973.875.4114

1. Meter Locations and Point of Attachment must be approved by SREC.
2. Modular Buildings: Call SREC prior to ordering home for service location.

**NOTE: SERVICE WILL NOT BE CONNECTED UNTIL THIS FORM IS COMPLETED AND RETURNED.**

**PART I**  
**INFORMATION TO BE COMPLETED BY THE APPLICANT OR ELECTRICIAN**

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Electrician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Builder: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Building Location: \_\_\_\_\_ Twp: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Requirements: Voltage: \_\_\_\_\_ Amps: \_\_\_\_\_ Overhead: \_\_\_\_\_ Underground: \_\_\_\_\_  
 Temp. Pole Service Needed: No: \_\_\_ Yes: \_\_\_ (If yes, call for Specifications) 2<sup>nd</sup> Service: \_\_\_\_\_

**PART II**  
**ELECTRICIAN OR APPLICANT MUST FILL ALL BLANKS OF CONNECTED KW/HP LOAD<sup>1</sup>**

Type of Heat: Oil: \_\_\_\_\_ Gas: \_\_\_\_\_ ETS: \_\_\_\_\_ Electric: \_\_\_\_\_ kW Other (Describe): \_\_\_\_\_  
 Lights: \_\_\_\_\_ kW Stove: \_\_\_\_\_ kW Freezer: \_\_\_\_\_ kW Dryer: \_\_\_\_\_ kW Refrig: \_\_\_\_\_ kW  
 Pumps/Well: \_\_\_\_\_ HP Jacuzzi: \_\_\_\_\_ kW/HP Pool Pump: \_\_\_\_\_ HP Elec. H2O Heater: \_\_\_\_\_ kW  
 Central Air: \_\_\_\_\_ Tons Other Load Not Listed: \_\_\_\_\_

**TO BE COMPLETED BY SREC**

BD DIST: \_\_\_\_\_ TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ SUBSTATION: \_\_\_\_\_  
 FEEDER: \_\_\_\_\_ PHASE: \_\_\_\_\_ LINE SEC: \_\_\_\_\_ SEC. FOOT: \_\_\_\_\_ COND TYPE: \_\_\_\_\_  
 INSP DATE: \_\_\_\_\_ INSP # \_\_\_\_\_ INSP NAME: \_\_\_\_\_  
 2<sup>nd</sup> SERV: \_\_\_\_\_ KVA: \_\_\_\_\_ PAD/POLE # \_\_\_\_\_ LOCATION: \_\_\_\_\_  
 REMARKS: \_\_\_\_\_

<sup>1</sup> For help in sizing your load, go to: <http://www.sussexrec.com/energy/WhatUsesWatts.html>