



**SUSSEX
RURAL ELECTRIC COOPERATIVE**

A Touchstone Energy® Partner
The power of human connections

DATE: _____

TEMP W.O.# _____ TEMP S.O.# _____

PERM W.O.# _____ PERM S.O.# _____

SERVICE REQUIREMENT SUMMARY (SRS)

FOR NEW ELECTRIC 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) 2nd Service: _____

PART II

ELECTRICIAN OR APPLICANT MUST FILL ALL BLANKS OF CONNECTED kW/HP LOAD

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: _____

2nd SERV: _____ KVA: _____ PAD/POLE # _____ LOCATION: _____

REMARKS:

