



Kris August, General Manager of Utilities  
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## City of Kiel Utilities

### Request for Service/Change of Service Application

For electric service to a new building, a plat survey is required to process your application. A diagram is needed of the proposed dwelling, separate outbuildings, septic systems, wells, and any other structures that might be useful for the consideration of routing the power cables and the location of the transformer.

#### Site Information:

Address: \_\_\_\_\_  
City/Town/Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_  
Second Address (if a duplex): \_\_\_\_\_  
Electrician Name & Phone Number: \_\_\_\_\_

#### Owner Information:

Name: \_\_\_\_\_ Current Mailing Address: \_\_\_\_\_  
City/Town/Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Customer Type:  Home  Business

#### Electric Service:

Type:  New Service  Upgrade Existing Service  Move Present Service  
 Request for overhead/underground new  
 Request for overhead/underground conversion  
 Request for overhead/underground upgrade

Construction Type:  Aerial  Underground

Residential:  120/240  120/208  100 AMP  200 AMP  \_\_\_\_\_ AMP

Commercial (below 75kw load):  **Single**  **3 Phase**  
 200 AMP  200 AMP  
 320 AMP  320 AMP  
 600 AMP  600 AMP  \_\_\_\_\_ AMP/PHs

Voltage Type:  120/240  120/208  277/480

**Large Power:** 3-Phase, Demand Metering  600 AMP  \_\_\_\_\_ AMP

**Secondary Metering** (talk to meter tech on meter socket # and CT cabinet #)

**Rental Lights:** Quantity \_\_\_\_\_ Size (watts): \_\_\_\_\_

**CONSTRUCTION REQUIREMENTS TO BE COMPLETED:**

*Check the following when completed.*

- Site plan provided (include decks, patios, pools, docks, walls, etc.)
- Proposed building staked
- Proposed service location marked
- Locate customer owned underground facilities (fuel line, septic, etc.)
- Remove obstructions in construction area (dirt pile, rocks, equipment)
- Backfill completed to within 6" of final grade
- Payment of utility service(s)
- Inspection report provided

Estimated start date of service:

\_\_\_ / \_\_\_ /20 \_\_\_.

Notes:

*Please attach any diagrams to complete this application.*

Applicant Signature: \_\_\_\_\_

Date of Application Completion: \_\_\_\_\_