

J#: _____ Acct # _____



RESIDENTIAL ELECTRICAL DATA FORM

284 South Ave, Poughkeepsie, NY 12601-4838

(845)452-2700 or 1-800-527-2714 FAX: (845) 486-5657

Customer Name _____ **Contractor** Business Name _____
New Service Address _____ **Electrician** Name _____ ID# _____
Town _____ Zip _____ Address _____
Current Address _____ Town _____ Zip _____
Town _____ Zip _____
Home # ____/____/____ Wrk # ____/____/____ Phone # ____/____/____ Fax # ____/____/____
Cell # ____/____/____ Cell # ____/____/____ Pager # ____/____/____
E-mail Address _____ License #: _____
E-mail address _____
Appointment for site meeting needed? Yes No "Electrical Specifications" at www.centralhudson.com

COMPLETE SECTION "1" OR "2"

1. **Upgrade** Amps from _____ to _____ Addtl # meters _____ Total # meters _____
 Relocate point of attachment; existing poa: _____ ft, new poa: _____ ft Is service open 3 wire Yes No
 Repair Type of repair: main brkr entrance cable disconnect riser chg pnl box other _____
 Retire Date required for retirement _____

Existing Meter # _____ Meter Type A-frame Socket
The **existing** service is Overhead Underground. The **upgraded** service will be Overhead Underground

Nearest CHGE : Pole # _____ or Splice Box/ Padmount # _____ Distance to structure _____ ft

- A. (a) Check if you need an appointment with a crew for a disconnect/reconnect
 (a) Only check if work cannot start until disconnect/reconnect appt made Barrel Lock Present

--- OR ---

- B. (b) Check if above electrician is performing a disconnect/reconnect - **must be on approved list.**

2. **New Service** Overhead **or** Underground Temporary **or** Permanent **Date service desired** _____
Building permit # _____ **Number of meters** _____

If in **subdivision**: Name _____ Lot # _____ Subdiv # _____
Is foundation installed: Yes No If **no**, when is the expected date _____ (Required if foundation is not installed)
Type of construction: Stick-built Modular Mobile **If Modular, check appt needed to determine point of entry.**
Date structure to be completed _____ Sq footage _____

Service Size (Amps) _____ Service Entrance Conductor Size _____ Conduit size _____
Load: Elec hw Elec heat Elec heat/hw Central a/c; tons ____ Central a/c/hw Central a/c/heat Central a/c/heat/hw

Nearest CHGE: Pole # _____ or Splice Box _____ Padmount # _____
Distance from pole to point of attachment _____ ft. Distance to structure from the road _____ ft.
Nearest Central Hudson **meter** # _____

Other Underground Utilities: Natural Gas Telephone CATV Sewer Water
Do you want natural gas service (if available): Yes No **If yes, a Natural Gas Service Request will be required.**

Provide nearest intersecting rd:

Directions to property: