ELECTRICAL DATA FORM

EMAIL: NEWBUSINESSDESK@CENHUD.COM OR FAX: 845-486-5657
PHONE: 845-452-2700 OR 1-800-527-2714

People. Power. Possibilities.
Central Hudson
A FORTIS COMPANY

** SERVICE APPLICATION REQUIREMENTS **

A job # will not be issued unless ALL fields are completed. All accounts must be in good standing, with no arrears to be scheduled.

Electrical specifications at www.CentralHudson.com ***Visit this link for a list of electrical inspection agencies***

Customer name: _____ Business name: _____
Electric service address: _____ Electrician/Contractor: _____ ID: _____
Town: _____ Zip: _____ Business Address: _____
Mailing address: _____ Town: _____ Zip: _____
Town: _____ Zip: _____ Phone: _____ Cell: _____
Phone: _____ Cell: _____ Fax: _____
Email address: _____ Email address: _____
Appointment for site meeting needed? ◯ Yes ◯ No License #: _____

Description of job: _____ Date desired: _____
☐ Residential ☐ Commercial ☐ Industrial Existing meter #: _____ Account #: _____
☐ **NEW SERVICE** Amps: _____ ☐ **UPGRADE** Amps from _____ to _____
◯ Temporary or ◯ Permanent ◯ Overhead or ◯ Underground
Service type: ◯ Single phase ◯ Three phase
Voltage req.: ☐ 120/240 ☐ 120/208 ☐ 277/480 Conduit size: ☐ 2″ ☐ 4″ ☐ 5″
Service entrance conductor size: _____ # of sets of conductors: _____
Existing service: ◯ Overhead or ◯ Underground ☐ **Upgraded** service: ◯ Overhead or ◯ Underground
Additional meters: _____ Total meters: _____ Total sq. ft: _____ Total connected kW: _____ Demand kW: _____
***** If total kW is more than 100 kW, a Load Letter is required. Please submit Load Letter with application. *****
Is CT metering required? ◯ Yes (True 400A or more) ◯ No (320A or less)
If yes, location of CTs: ☐ Transformer ☐ CT cabinet ☐ Switchgear ☐ Building/Pole
☐ **RELOCATE** point of attachment by _____ ft. Is service open 3 wire? ◯ Yes ◯ No
☐ **REPAIR** ☐ Main breaker ☐ Entrance cable ☐ Main disconnect ☐ Riser ☐ Cng panel box ☐ Other _____
☐ **RETIRE** Date requested for retirement: _____ Retire existing meter #: _____
☐ **DISCONNECT/RECONNECT** Is contractor on tap on list? ◯ Yes (Contractor name: _____) ◯ No
Nearest Central Hudson: Pole #: _____ Splice box #: _____ Pad #: _____
Is foundation installed? ◯ Yes ◯ No If no, when is expected date? _____ (req'd if foundation isn't installed)
Date structure completed: _____ Distance to structure from the road: _____
Do you want natural gas service (if available)? ◯ Yes ◯ No If yes, a natural gas service request will be required.
Nearest insersecting road: _____
Directions to property: _____
Additional comments: _____
_____
_____