

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 | EMAIL: NEWBUSINESSDESK@CENHUD.COM

Customer Name _____
New Service Address _____
Town _____ Zip _____
Current Address _____
Town _____ Zip _____
Home # ____/____/____ Wrk # ____/____/____
Cell # ____/____/____
E-mail Address _____

Contractor Business Name _____
Electrician Name _____ ID# _____
Address _____
Town _____ Zip _____
Phone # ____/____/____ Fax # ____/____/____
Cell # ____/____/____
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:

Comments / Notes: