



**Lakefront
Utilities
Inc.**

207 Division Street
P.O. Box 577
Cobourg ON K9A 4L3

ELECTRICAL NEW SERVICE REQUEST

Commercial/Industrial

CONTRACTOR/CONSULTANT CONTACT INFORMATION			
*Contractor/Consultant		Contact Name	
*Phone Number		Email	
Fax Number		Pre-Authorized Connection No.	
CUSTOMER CONTACT INFORMATION			
*Customer		Contact Name	
*Street Address		Email	
*Postal Code		*Phone Number	
Fax Number		Email	
SERVICE ADDRESS (where service is to be modified)			
*Address			
Special Notes			
SERVICE ADDRESS (where service is to be installed or upgraded)			
Account Number			
Special Notes			
NEW SERVICE DETAILS			
*Customer Mailing Address (This is where we will send information such as agreements, etc.)			<input type="checkbox"/> Same as Above
*Address			
City		Province	
Country		Postal Code	
*Customer Billing Address (where electricity bills will be sent)			<input type="checkbox"/> Same as Above
*Address			
City		Province	
Country		Postal Code	
SERVICE REQUIREMENTS			
*Service Details (specify new service details if this is an upgrade)		*Routing Method	* Connection Type
Amps	Volts	<input type="checkbox"/> Underground	<input type="checkbox"/> Residential
Phase	kW Demand	<input type="checkbox"/> Overhead	<input type="checkbox"/> Non-Residential
*Total Quantity of Revenue Meters Required		*Revenue Metering	
		<input type="checkbox"/> Metered	
		<input type="checkbox"/> Unmetered	
*Is on-site generation being proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, see "Conditions of Service" (available online at www.lakefrontutilities.on.ca)			
*Who should the service representative contact?		<input type="checkbox"/> Customer <input type="checkbox"/> Contractor/Consultant	
Preferred time to call during normal business hours?			
Preferred date for scheduling work (yyyy/mm/dd)		Special considerations for	<input type="checkbox"/> Yes
		Planned outages?	<input type="checkbox"/> No
Are additional documents being submitted with this request?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, total quantity of pages submitted (including this form)			

I hereby authorize the electrical contractor/consultant indicated above to coordinate the electrical service requirements for this request including disclosure of account information specific to the request.

*Date (yyyy/mm/dd) _____ *Signature of Customer _____

Note: Prior to processing commercial/industrial services an Electric Load Summary and site plan showing right-of-way, municipal address, building, electric service. **Please include deposit with your application, see attached checklist for requirements for submitting this application.** For all residential 200 Amp or less services, you must obtain a completed Residential Service Layout from the LUI Electric Department.

*** DENOTES REQUIRED INFORMATION**



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Commercial/Industrial ELECTRICAL LOAD SUMMARY

CONTRACTOR/CONSULTANT CONTACT INFORMATION				
*Contractor/Consultant		Contact Name		
*Phone Number		Email		
Fax Number		Pre-Authorized Connection No.		
CUSTOMER CONTACT INFORMATION				
*Customer		Contact Name		
*Phone Number		Email		
Fax Number				
SERVICE ADDRESS (where service is to be modified)				
*Address				
Type of Business				
LOAD DETAILS (Include electric single line diagram in addition to loading)				
Load Description	120/240V	120/208 V	347/600 V	Other
Basic Load (per square footage)				
Connected Load - Lighting (kW)				
Estimated Receptacle Load (kW)				
** Space Heating - Total Electric (kW) (Winter Only)				
Total Electric Water Heating (kW)				
Total Electric Duct Heating (kW)				
Total Connected Ramp Heating (kW)				
Kitchen Equipment - Commercial (kW)				
Total HP A/C Equipment (Summer Only)				
Total HP A/C Computer Equipment				
Total HP Ventilating Motors				
Total HP Boilers, Heating Pumps				
Total HP Elevator Motors				
Total HP Manufacturing Process Motors				
Total HP Other Motors				
Total Humidification (kW)				
Other Loads Not Listed				
No. Parking Space Outlets (kW)				
No. Electric Dryers (kW)				
No. Electric Ranges (kW)				
Total Connected Load (Use Higher Value of Winter/Summer)				
Peak Load controller Used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Load Controlled (kW)	

*** DENOTES REQUIRED INFORMATION**

**** Electric Heat in apartment or co-op buildings has to be metered separately from the renter's meter per Ontario Reg. 389/10.**



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ELECTRICAL SERVICE CHANGE REQUEST

Commercial/Industrial ELECTRICAL LOAD SUMMARY

LOADING PROFILE												
Estimated Load	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

*Date (yyyy/mm/dd) _____

*Submitted by _____
(Signature)

*** DENOTES REQUIRED INFORMATION**



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ELECTRICAL SERVICE CHANGE REQUEST

Commercial/Industrial CHECKLIST

To ensure your application is processed in a prompt manner, please have all of the following steps completed. Our Engineering Department will advise you if any further information is required to complete your request.

CHECKLIST

- Completed 'Electric Service Change Request' Form
- Load Summary Report
- Deposit Cheque
 - \$500.00 - 400 Amp service or less
 - \$1,000.00 - above 400 Amp service

Send your completed application, load summary report and deposit cheque to:

LAKEFRONT UTILITIES INC.
Attn: Electrical Distribution Systems Manager of Assets and Design
207 Division Street, Box 577
Cobourg, ON K9A 4L3