

NATIONAL GRID ESO INPUT FORM

Please Fax To: 1-800-882-0322

Contractor Service Phone: 1-800-664-6729

New Customer? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, account # _____	
Contact Name _____			
Customer Name _____		Social Security # _____	
Business Name _____		Type of Business _____	
House #* _____ Street Name _____ City _____		City _____	
(*0 will be used only if all neighbors are 0.)			
Apartment/Building/Floor _____ Unit _____ Lot # _____		State _____ Zip _____	
County _____		Closest Intersection _____	
Post Office _____		House Type/Development Name _____	
Mailing Address: Street _____		City _____ State _____ Zip _____	
Spouse's Name _____		Home Phone (_____) _____	
Contact Phone (_____) _____		Employer _____	
DWELLING/CONTRACTOR INFORMATION			
Contractor Name _____		Address _____	
Phone Number () _____		Contact Name _____	
Mobile Home <input type="checkbox"/> Modular Home <input type="checkbox"/>		Foundation Completed By ____/____/____	
Structure Framed/Comp. <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, to be framed by ____/____/____	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Apartment <input type="checkbox"/> Industrial		Lot Staked <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Barn <input type="checkbox"/> Shop <input type="checkbox"/> Camp	
		<input type="checkbox"/> Cott. <input type="checkbox"/> Gar. <input type="checkbox"/> Ofc.	
		<input type="checkbox"/> Hsmtr <input type="checkbox"/> Stand <input type="checkbox"/> Store	
		<input type="checkbox"/> Trlr. <input type="checkbox"/> Other	
ELECTRIC SERVICE INFORMATION			
Estimated Date Service Required ____/____/____		# of Meters _____	
		Metering <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	
Service Type <input type="checkbox"/> Underground Development <input type="checkbox"/> Overhead <input type="checkbox"/> Underground		KW Load _____	
		Voltage _____ / _____	
		Single Phase <input type="checkbox"/> Three Phase <input type="checkbox"/>	
Size of Service (Amps) <input type="checkbox"/> 100 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> Greater than 200 _____ (specify)		# Wires <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Meter Type <input type="checkbox"/> KWH <input type="checkbox"/> KWH W/Active Demand <input type="checkbox"/> No Meter to Install <input type="checkbox"/> Reactive Demand			
Service to Install <input type="checkbox"/> New Service Order <input type="checkbox"/> Upgrade <input type="checkbox"/> Increase Load -- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Temporary Service			
Additional Meter <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Relocate			
**200 AMP ELECTRIC LOAD QUESTIONS			
<input type="checkbox"/> Welder <input type="checkbox"/> Heat Pump <input type="checkbox"/> Central A/C <input type="checkbox"/> Elec. Heat <input type="checkbox"/> Motor >5HP			
If Electric Heat is selected, the KW load or sq. ft. information required <input type="checkbox"/> KW Load <input type="checkbox"/> Square Footage			
REMARKS:			
Nearest Neighbor: House # _____ Account # _____ Meter # _____			
Street Name _____			

In order for your order to be expedited quickly for the customer, please fill out all necessary information completely and legibly.

ANY INCOMPLETE ORDERS WILL NOT BE PROCESSED.