



## Electric Service Request Form

**Instructions:** Complete each section of the Electric Service Request (ESR) Form below. All fields required unless otherwise noted. If required fields are not completed, it may result in a delay of the processing of your application or a rejection.

### Section 1: Project Information

Project Name: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Requested In-Service Date: \_\_\_\_\_

Service Street Address: \_\_\_\_\_

Power Type:

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permanent                       Temporary

**Please Note: This is the Service Address NOT the Billing Address.**

Construction Start Date: \_\_\_\_\_

Work Order Number (7 digits): \_\_\_\_\_ or

SPID Number (10 digits): \_\_\_\_\_

**To obtain the above numbers call 412-393-4343 to speak to New Business.**

### Section 2: Contact Information

Role	Name	Company	Phone Number	Email
Owner				
Engineer				
Electrician				
Contractor				

**Please Note: Owner role *must* be fully completed.**

Primary Contact for Project: \_\_\_\_\_

### Section 3: Building Type

Please select a building type from below. If multi-building, a separate ESR must be completed for each building.

Area (Sq Ft): \_\_\_\_\_

1-Shift Industrial / Manufacturing

Construction Trailers

Healthcare

2-Shift Industrial / Manufacturing

Data Center

Hospitality

3-Shift Industrial / Manufacturing

Education

Office Large

Apartments (# of Units: \_\_\_\_)

Emergency Use/ Public Use

Office Small

Construction

EV Transport Electrification

Other

Greenhouse/Grow Facility

Retail

Government

Warehouse/Spec Building



### Section 4: Electrical Information

#### Load Breakdown

Present Largest Motor (If applies) (HP): \_\_\_\_\_  
 New Largest Motor (HP): \_\_\_\_\_ (kW): \_\_\_\_\_  
 Lighting (kW): \_\_\_\_\_  
 Cooling Load (kW): \_\_\_\_\_  
 Heating Load (kW): \_\_\_\_\_  
 EV Charging Max Load (kW): \_\_\_\_\_  
 Other Loads (kW): \_\_\_\_\_  
 Total Load (Sum Above) (kW): \_\_\_\_\_

Total Load should equal all above loads.

#### Electrical Breakdown

Select one from below:

- 120/240 volt, 1-Phase / 3-Wire
- 120/208 volt, 3-Phase / 4-Wire
- 277/480 volt, 3-Phase / 4-Wire
- Other: \_\_\_\_\_

#### Service Size

Amps: \_\_\_\_\_ Wire Size / Type: \_\_\_\_\_  
 Number of Secondary Runs: \_\_\_\_\_

#### Metering

Single Meter  
 Multiple Meters (Number of Meters: \_\_\_\_\_)  
 Location of Meter(s): \_\_\_\_\_  
 Location of CT/PT's (If applies): \_\_\_\_\_

Metering in Switch Gear, services above 480V, and/or multiple meters require Metering Review.

#### On-Site Generation / Interconnection

Use of Generation:  Parallel or  Back-Up  
 System Type: \_\_\_\_\_  
 Size of System (AC kW): \_\_\_\_\_

### Section 5: Additional Information

Power Factor at Meter (If known): \_\_\_\_\_

Will Corrective Power Factor Equipment be installed:  Yes or  No

If Yes: Type: \_\_\_\_\_ Size: \_\_\_\_\_

Redundant Service Requested: \_\_\_\_\_ Yes or No

Required Documents:

- Site Plan (Sent in PDF or CAD only) and  Single Line (Sent in PDF only) and  Riser Diagram

(If applicable) Will there be tenants:  Yes or  No

If so, will tenants be  Residential or  Commercial

Additional notes to consider (Include special loads like medical imaging, instant water heater, driveway melt, etc):



The Next Pages are for DLC Use Only





## Service Request and Approval Form

**FOR DLC USE ONLY (DLC Internal When Filled In)**

Project Name: \_\_\_\_\_

Business Services Employee: \_\_\_\_\_

FPN: \_\_\_\_\_

Circuit Number: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

WO#: \_\_\_\_\_

Service	Present Installation (To be replaced)					Proposed Installation (New Service)			
	Voltage	Phase	Wires	Max Summer (kW)	Max Winter (kW)	Voltage	Phase / Wire	Max Summer (kW)	Max Winter (kW)
Present					Proposed				
Largest Motor				HP		Largest Motor		HP	

**Note: Legacy Voltage may not be used for new installations.**

### General Questions:

Were sufficient drawings provided by Customer?

Yes

No (Why: \_\_\_\_\_)

Will there be On-Site Generation?

Yes: Parallel or Back-Up (Contact [Interconnection@duqlight.com](mailto:Interconnection@duqlight.com) when sending to Planning)

No

Is the customer installing Electric Vehicle Charging?

Yes (Contact [Electricvehicles@duqlight.com](mailto:Electricvehicles@duqlight.com) when sending to Planning)

No

Is this customer replacing or upgrading equipment that does NOT fall under OH or UG T&D?

Yes (Contact Asset Management, as well as Protection at [ProtectionEngineering@duqlight.com](mailto:ProtectionEngineering@duqlight.com))

No



Is this an existing Customer?

- Yes: Site Number: \_\_\_\_\_ Pole Number: \_\_\_\_\_ Drawing Sheet Number: \_\_\_\_\_  
 No

What is the service being requested?

- Pad Mounted Transformer       Overhead Transformer       Street Secondary  
 Base Mounted Transformer       URD; Number of Units: \_\_\_\_\_  
 Network Transformer       Primary Service

What are the customers requested service type(s)?

- Downtown Network       Customer Substation  
 Double Tapped       Single-Tap  
 Double Bank       Single Bank

Customer Information (When Applicable):

- Customer Power Factor: \_\_\_\_\_  
Protection Settings Provided:  Yes or  No  
Protection Single Line Provided:  Yes or  No

Customer Requested Service Type:

- New Customer  
 Second Service  
 Upgrade

Presumed Allocation of Costs: \_\_\_\_\_

**General Notes:**



The Next Pages are for DLC Planning Use Only





## Customer Service Recommendation

**FOR DLC PLANNING USE ONLY (DLC Internal When Filled In)**

Project Name: \_\_\_\_\_ Expected In-Service Date: \_\_\_\_\_

### Summary of Work

Service Center	
Impacted Circuit	
Impacted Substation	
Long Lead Time Equipment	
Prerequisite WO#	

Subst. Work <input type="checkbox"/>	URD <input type="checkbox"/>	UG Removal <input type="checkbox"/>	New OH <input type="checkbox"/>	New UG <input type="checkbox"/>	Aerial Cable <input type="checkbox"/>	Reconductoring <input type="checkbox"/>	OH Removal <input type="checkbox"/>	Primary Service <input type="checkbox"/>
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Circuit Information: \_\_\_\_\_

### Transformer Information

Transformer 1 Information: \_\_\_\_\_

Type: \_\_\_\_\_

If Other, Please Explain: \_\_\_\_\_

Transformer 2 Information: \_\_\_\_\_

Type: \_\_\_\_\_

If Other, Please Explain: \_\_\_\_\_

### Electrical Information

Short Circuit:

Largest Motor: \_\_\_\_\_

Motor Starting Information:

