

**MANSFIELD MUNICIPAL ELECTRIC DEPARTMENT
SERVICE REQUEST**

125 High St. Suite 4 Mansfield, MA 02048
Phone: 508-261-7361 Fax: 508-261-7391

BILLING INFORMATION

Desired Date of Completion _____

(Circle one) **Residential** or **Commercial*** (Business Application and Deposit required for all new accounts)

(Circle one) **Temporary** or **Permanent**

Property Owner's Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Billing Name _____ Phone () _____

Billing Address _____ City _____ State _____ Zip _____

Electrical Contractor _____ Phone () _____

Address _____ City _____ State _____ Zip _____

LOCATION AND SERVICE INFORMATION

Services and meter location shall be determined by MMED personnel on all new services and/or when reworking old services.

- Applying for service at: _____ Lot # _____

- Briefly describe the work that needs to be done: _____

- Number of meters presently at this location? _____ Requested number of meters at this location _____

-Does this represent a change in service characteristics?	Yes	No
-Will there be a consolidation of Service?	Yes	No
-Is there presently temporary service at this location?	Yes	No

-Present service is: Aerial _____ UG _____ Requested Service: Aerial _____ UG _____

-Service Characteristics: Volts _____ Phase _____ Wires _____ Amps _____ Wire Size _____

-Electrical Load Characteristics:

KW Lighting _____	KW Receptacles _____	KW Water _____	
HP Total _____	HP Largest Motor _____	KW Special Loads _____	Estimated Total _____
Dryers _____	Range _____	Air Conditioning _____	

Applicant _____ Party applying for service is: **Owner** **Tenant** **Developer** **Contractor**
(Please Print)

Signature _____ Date _____

FOR OFFICE USE

Line Foreman Signature _____ Date: _____ Service Approval No. _____

Service Fee Amount \$ _____ Payment information _____

*Business Application completed _____