



SERVICE REQUEST APPLICATION

Cochrane Office: 153 Sixth Avenue, Cochrane, Ontario P0L 1C0
 (705) 272-6669 Email: customercare@nowinc.ca
 All Other Locations: (800) 619-6722 Website: www.northernontariowires.com

This application is required for early consultation with Northern Ontario Wires Inc. to provide an Offer to Connect for a new or upgraded service, modification to an existing service, maintenance or GenerLink connection.

It is essential that the following information be provided to:

- a) enable an assessment to be made on the impact of the proposed project on the Electrical Distribution System.
- b) Enable Northern Ontario Wires Inc. to prepare pertinent information for the developer.

Please supply answers to the following questions as soon as possible as electrical planning cannot proceed until Northern Ontario Wires Inc. has reviewed this information.

Preliminary electrical site plan drawings are to be submitted together with this form. Electrical drawings are to be submitted to Northern Ontario Wires Inc. for approval prior to any related tenders or the commencement of any electrical construction. The drawings shall be drawn to a scale usable by Northern Ontario Wires Inc., shall show local pole locations, proposed transformer locations, proposed electrical room/metering location and show how access to the metering would be gained (example: the patch to the metering).

Electrical site plan drawings are to be submitted to Northern Ontario Wires Inc. on one (1) paper copy and in an electronic format as approved by NOW Inc. Connections may be subject to ESA approval.

CUSTOMER INFORMATION			
Last name or company name		First name	
Middle Initial(s)			
Mailing address-number & street		Town/City	Prov/State
Postal/Zip Code			
Telephone ()	Mobile phone ()	Fax ()	
Email	Signature of Customer X		Date Signed mm/dd/yyyy
CONTRACTOR/REPRESENTATIVE INFORMATION			
Name of Contractor		Email	
Telephone ()	Mobile phone ()	Fax ()	
The contractor named on this application is authorised to receive account information and act on behalf: <input type="checkbox"/> Initials: _____			
SERVICE INFORMATION			
Check: <input type="checkbox"/> New Service <input type="checkbox"/> Service Upgrade <input type="checkbox"/> Service Relocation <input type="checkbox"/> Maintenance <input type="checkbox"/> GenerLink <input type="checkbox"/> Other			
Name and/or address of closest site with power (New services only)			
Mailing address-number & street		Town/City	Province
Postal Code			
Existing Service:	Meter Number	Account Number	
Planned Service Classification (check all that apply)		What service voltage is required (must indicate overhead or underground)	
<input type="checkbox"/> Residential <input type="checkbox"/> General Service <50 kW <input type="checkbox"/> General Service >50 kW <input type="checkbox"/> General Service >500 kW <input type="checkbox"/> Temporary Service <input type="checkbox"/> Un-metered or Miscellaneous Load		<input type="checkbox"/> 120/240 Volt Single Phase: overhead/underground <input type="checkbox"/> 120/208 Volt Three Phase: overhead/underground <input type="checkbox"/> 347/600 Volt Three Phase: overhead/underground <input type="checkbox"/> Primary: overhead/underground	
Service Entrance Switchboard with Utility CT and PT Compartment			Yes <input type="checkbox"/> No <input type="checkbox"/>
Maximum rated capacity of main service (In Amperes):			
Estimated Connected Load			
Maximum initial demand (in kW):		Maximum future demand (in kW):	
Metering Type (check only one)	<input type="checkbox"/> Single Meter	<input type="checkbox"/> Multiple Meters	
Quantity of Meter installations			
100A or less:		101A to 200A:	More than 200A:

Please provide a brief description of your service plan: _____

OFFICE USE ONLY:	Residential <input type="checkbox"/> Seasonal <input type="checkbox"/> General <input type="checkbox"/>		Initials: _____
Site Visit Appointment	Date:	Time:	
Comments: _____ _____ _____			