


Application for Gas and Electric Services

Please photocopy both sides of this page for multiple use.

DATE	builders.call.line@xcelenergy.com	PHONE: 1-800-628-2121	FAX: 1-800-628-2521
SERVICE ADDRESS (PLEASE PRINT)			
House or Fire Number	Full Street Name		
City	State	Zip	
Urban Subdivision Name _____ Lot Number _____ Block Number _____ County _____	Rural County _____ Township _____ Range _____ Section _____	Direction to service location (Rural required) _____ _____ _____	
<input type="checkbox"/> Unincorporated	<input type="checkbox"/> Incorporated	Cross Street/Road	
CONSTRUCTION INFORMATION (PLEASE PRINT)			
Owner Information (Party to be billed during construction) Owner/Builder Name _____ Mailing Address _____ City _____ State _____ Zip _____ Phone Number _____ Contact during construction _____ Address _____ City _____ State _____ Zip _____ Email _____ Daytime phone _____ Fax _____ Cell _____		Contractor Information (include phone number) Builder _____ Phone Number _____ Email _____ Heating Contractor _____ Phone Number _____ Email _____ Electrical Contractor _____ Phone Number _____ Email _____ A & E Firm _____ Phone Number _____ Email _____	
Required services: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> New <input type="checkbox"/> Relocate <input type="checkbox"/> Conversion			
SERVICE INFORMATION (COMPLETE ALL SECTIONS)			
Electric Service <input type="checkbox"/> overhead <input type="checkbox"/> underground Service size (amps) _____ Is temporary electric service needed? <input type="checkbox"/> Yes <input type="checkbox"/> at pole <input type="checkbox"/> at transformer <input type="checkbox"/> pedestal _____ <input type="checkbox"/> other _____ Air conditioning tonnage: _____ ton Date needed _____ / _____ /20 _____ Foundation backfill / To grade _____ / _____ /20 _____		Gas Service (For gas service, please fill out second page of application.) Is this service being used for primary heat? <input type="checkbox"/> Yes <input type="checkbox"/> No Total gas load (BTUs/hour): _____ Pressure <input type="checkbox"/> 6 or 7 inch <input type="checkbox"/> 2 lb <input type="checkbox"/> Other _____ Date needed _____ / _____ /20 _____ Foundation backfill / To grade _____ / _____ /20 _____	
FACILITY INFORMATION (COMPLETE ALL SECTIONS)			
Building Type <input type="checkbox"/> single home <input type="checkbox"/> duplex <input type="checkbox"/> multi-dwelling/no. of units _____ <input type="checkbox"/> commercial bldg. <input type="checkbox"/> mobile Building Class <input type="checkbox"/> residential <input type="checkbox"/> commercial <input type="checkbox"/> farm Building square footage _____ Building setback from property line (feet) _____ Electric Meter location preference (when you are facing the front of the house from the outside) <input type="checkbox"/> on house <input type="checkbox"/> on garage <input type="checkbox"/> right side <input type="checkbox"/> left side <input type="checkbox"/> front <input type="checkbox"/> other _____ Feet from front corner _____ Gas Meter location preference (when you are facing the front of the house from the outside) <input type="checkbox"/> on house <input type="checkbox"/> on garage <input type="checkbox"/> right side <input type="checkbox"/> left side <input type="checkbox"/> front <input type="checkbox"/> other _____ Feet from front corner _____			

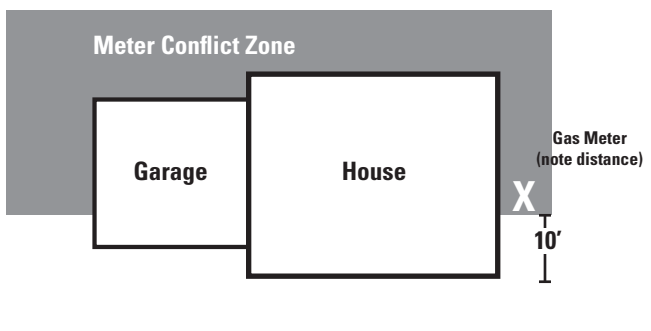
END USES			
	Gas (specify BTUs/hours input)	Electric (specify kW)	Other Fuel Type
Heating			
Water heating			
Cooking			
Air conditioning			
Clothes drying			
Fireplace			
Pool heating			
Garage heating			
Geothermal			
Heat source (check type)	<input type="checkbox"/> Forced air furnace	<input type="checkbox"/> Heat storage	<input type="checkbox"/> Underfloor/slab heat <input type="checkbox"/> Baseload
Meter Option (if applicable)	<input type="checkbox"/> Back up relief	<input type="checkbox"/> Limited off-peak	

It is preferred that the site plan including proposed meter locations and compass directions be attached. Or draw sketch below as if you are facing the front of the house from the outside. In areas served by Xcel Energy electric, please identify the side of the building the electric stub in the boulevard is located. Right or left side as you face the house from the street.



Please indicate north

Service Address _____



2nd Street

Contact: Builders Call Line
 Xcel Energy
 Phone: 1-800-628-2121
 Fax: 1-800-628-2521
 builders.call.line@xcelenergy.com

1. Customer-owned facilities must be located and identified by customer.
 2. Indicate distances for meters from nearest corner of building.
 3. Preferred meter location is on same side of house as Xcel Energy stub.
 4. Inspection must be complete before service is energized.
 5. If no Inspector, Proof of Compliance (Electric) and/or Certificate of Compliance (Gas) must be complete.
 6. Site must be within 4 to 6 inches of final grade (for new construction) and a clear 10-foot-wide path from Xcel Energy stub to meter.
 7. Winter construction charges may apply from 10/1 to 4/15.
 8. Water and sewer must be installed prior to electric or gas service.
- Meter Conflict Zone* any potential area for a deck, patio, pool, etc.