

501 Utility Ct. • P.O. Box 230 • Reedsburg, WI 53959 • Phone: 608-524-4381 • FAX: 608-524-2423 • e-mail: ruc@rucls.net

Type of Application Commercial Electric Application for Service

Service Address	(If multiple addresses,	please list below)		Apt#	Lot#	I		
Date Service Requeste	ed by	Date	e of Appl	ication				
Туре	D Move In (exis	ting service) 🛛 🗆 New Serv	ice	Upgrade Exist	ting Serv	ice		
Services Requested	Permanent	Temporary		Seasonal				
Status	□ Owner	Tenant						
Customer Informa	tion							
Business Name:				Federal ID#				
Tax Exempt: Yes	or No If yes,	Tax Exempt #						
Business Phone #		Fax #	Fax # 6			e-mail address		
Contact Name								
	First	Initial		Last				
Contact Phone# Second Contact Phone #								
Have you previously	been a customer o	of Reedsburg Utility? 🗌 Yes		lo				
Billing Address (If diffe	erent)	City _		S	State	Zip		
PLEAS	E NOTE: A deposit	or an Irrevocable Letter of Cr	edit will	be required before	service	is provided.		
If you rent this service	location:							
Name of Landlord Landlord Phone#								
Landlord Address	City	City			ZIP			
The undersigned warra	ants that the informa	tion on this application is true, p	orovided	without intentional or	mission.			
Applicant Signature			Date					
Landlord Signature (if applicable) Date								

Important: Reedsburg Utility may require positive identification and/or a service deposit as allowed by the Wisconsin Public Service Commission. Before service can be furnished, this application must be completed in full and submitted to Reedsburg Utility Commission. Missing or incomplete information will delay service. A copy of the building / electric permit and a completed Wiring Statement must be provided prior to service connection for <u>new</u> or <u>upgraded</u> services.



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Commercial Electric Application for Service continued...

Complete this side of application if this is a <u>New Service or Upgrade!</u>

Service Information

C	Overhead		nderground							
	Single Family	Duplex	□ Multi-Family	- No □ C	ommercial	□ Other				
	Single Phase	🗆 Tł	nree Phase	□ Other						
	120/240Volt \$	-		olt Wye 🛛 2	77/480Volt Wy	ye				
] 100Amp] 1200Amp	•	□ 400Amp	□ 600Amp	□ 800Am	ıp □ 10)00Amp			
-	g Requiremen I Instrument Ra		eleted by Reedsbu	urg Utility)						
	Ganged Sock	et No. o	f Sockets	Drawings/I	Joc. Required	Buildin	g/Apt Drawi	ings Required		
C	CTs		□ PT		-					
	Instruments in				□ Drawings/D					
Electrici	an Statemen	t / Informatio	on							
Electrician's Name				Electric	Electrician's Company					
Electricia	Electrician's Address			City	City			State ZIP		
Electricia	n's Tele #			Building Permit#						

Signature of Electrician _____

or Owner

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Date