


Application For Gas And Electric Services

Please photocopy both sides of this page for multiple use.

DATE	BCLCO@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	Rural	Direction to service location (Rural required)	
Subdivision Name _____	County _____	_____	
Lot Number _____	Township _____	_____	
Block Number _____	Range _____	_____	
County _____	Section _____	_____	
<input type="checkbox"/> Unincorporated	<input type="checkbox"/> Incorporated	Cross Street/Road	
CONSTRUCTION INFORMATION (PLEASE PRINT)			
Owner Information (Party to be billed during construction)		Contractor Information (include phone number)	
Owner/Builder Name _____		Builder _____	
Mailing Address _____		Phone Number _____	
City _____ State _____ Zip _____		Email _____	
Phone Number _____		Heating Contractor _____	
Contact during construction _____		Phone Number _____	
Address _____		Email _____	
City _____ State _____ Zip _____		Electrical Contractor _____	
Email _____		Phone Number _____	
Daytime phone _____		Email _____	
Fax _____		A & E Firm _____	
Cell _____		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 <input type="checkbox"/> Demolition			
SERVICE INFORMATION (COMPLETE ALL SECTIONS)			
Electric Service		Gas Service (For gas service, please fill out second page of application.)	
<input type="checkbox"/> overhead <input type="checkbox"/> underground Service size (amps) _____		Is this service being used for primary heat? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Air conditioning tonnage: _____ ton		Total gas load (BTUs/hour): _____	
<input type="checkbox"/> single phase <input type="checkbox"/> three phase Voltage _____		Pressure <input type="checkbox"/> 6 or 7 inch <input type="checkbox"/> 2 lb <input type="checkbox"/> Other _____	
Is temporary electric service needed? <input type="checkbox"/> Yes		Date needed _____ / _____ /20 _____	
<input type="checkbox"/> single phase <input type="checkbox"/> three phase <input type="checkbox"/> at pole		Foundation backfill / To grade _____ / _____ /20 _____	
<input type="checkbox"/> at transformer <input type="checkbox"/> pedestal <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 _____			
For Commercial			
Total motor load _____ HP Largest HP _____ Code _____ BTU input _____			
			See second page of form

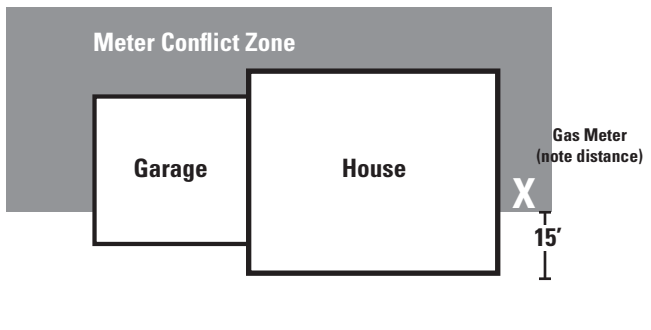
END USES				
Equipment type	Gas (specify BTUs/hours input)	Electric (specify kW)	Other Fuel Type	
Heating				
Water heating				
Cooking				
Air conditioning				
Clothes drying				
Fireplace				
Lighting (Commercial Only)				
Heat source (check type)	<input type="checkbox"/> Forced air furnace	<input type="checkbox"/> Heat storage	<input type="checkbox"/> Underfloor/slab heat	<input type="checkbox"/> Baseboard
Meter Option (if applicable)	<input type="checkbox"/> Time of use	<input type="checkbox"/> Dual fuel	<input type="checkbox"/> Limited off-peak	<input type="checkbox"/> Saver's Switch

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.



Service Address _____

Please indicate north



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 source.
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 source 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.

2nd Street

Contact: Builders Call Line
 Xcel Energy
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