

# REQUEST FOR SERVICE



## **CONTACT INFORMATION** *(Where do we send the estimate?)*

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ TYPE:  CELL  HOME  OFFICE

E-MAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

## **BILLING INFORMATION** *(Who will be paying the monthly bill once service is established?)*

The following billing information is required for establishing all accounts.

MEMBER IS:  NEW  CURRENT  PREVIOUS \_\_\_\_\_ (YEAR)

MEMBER NAME(S): \_\_\_\_\_

PHONE: \_\_\_\_\_ TYPE:  CELL  HOME  OFFICE

E-MAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

## **LOCATION INFORMATION** *(Where do you need power established/changed?)*

SERVICE IS:  NEW  ALTERED/EXISTING  UNSURE

**Tax Parcel #:** \_\_\_\_\_ (This information must be provided)

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

**(A CORRECT / OFFICIAL STREET ADDRESS MUST BE PROVIDED ONCE ASSIGNED BY COUNTY)**

## **JOB INFORMATION** *(Brief description of the scope of work)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OCEC USE ONLY

WORK REQUEST #: \_\_\_\_\_ FEE REC'D:  DATE: \_\_\_\_\_ METHOD: \_\_\_\_\_

SITE VISIT: \_\_\_\_\_ COPY TO OCEI:  STK #: \_\_\_\_\_

W.O. #: \_\_\_\_\_ EST PAID:  DATE: \_\_\_\_\_ METHOD: \_\_\_\_\_

# REQUEST FOR SERVICE



**MEMBER/JOB NAME:** \_\_\_\_\_

## CONTRACTOR INFORMATION

GENERAL/BUILDING: \_\_\_\_\_ PHONE: \_\_\_\_\_

ELECTRICAL: \_\_\_\_\_ PHONE: \_\_\_\_\_

EXCAVATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

## ELECTRIC SERVICE INFORMATION *(check/fill in applicable items)*

**SERVICE USE:**  RESIDENTIAL  COMMERCIAL  RV SERVICE  IRRIGATION HP: \_\_\_\_\_  
(>10HP requires 3-phase)

**TYPE OF STRUCTURE:**  Stick  Log  Pole  Straw  Masonry  Other: \_\_\_\_\_

# of Bedrooms \_\_\_\_\_ # of Stories: \_\_\_\_\_ # of Baths: \_\_\_\_\_ Total Square Feet: \_\_\_\_\_

**TYPE OF CONSTRUCTION:**  House (S.F.D.)  Modular  Condo # of Meters: \_\_\_\_\_  Yurt

Addition  Remodel  Garage w/ Living Space  Garage  Shop  Barn  Other: \_\_\_\_\_

**PRIMARY HEAT:**  Electric Furnace  Propane Furnace  Propane Fireplace  Wood stove

Heat Pump \_\_\_\_\_ ton  Other: \_\_\_\_\_

**ADDITIONAL LOADS:** Well/Pump \_\_\_\_\_ HP Hot Tub \_\_\_\_\_ KW Other: \_\_\_\_\_

## ELECTRIC SERVICE SIZE

**Single Phase, Residential Voltage (120/240, 3 wire) *(Select Amps)*:**  100A  200A  400A  600A

**CT SERVICES ONLY (>400A):** Main Disconnect Size: \_\_\_\_\_ AMPS

## Three Phase, Commercial/Irrigation Voltage OPTIONS *(Select Desired Voltage, and Amps)*

120/208 volts, 4 wire  277/480 volts, 4 wire  240/480 volts, 4 wire

200A  400A  600A  800A

## PROPANE SERVICE INFORMATION

Furnace  Fireplace  Cookstove  Water Heater  Dryer Other: \_\_\_\_\_

**RETURN THIS COMPLETED FORM, ALONG WITH PAYMENT VIA \*CASH OR**

**CHECK\* FOR THE \$150.00 ESTIMATE FEE, TO:**

Okanagan County Electric Co-Op  
P.O. Box 69  
Winthrop, WA 98862-0069

Physical:  
93 West Chewuch Rd  
Winthrop, WA

e-mail:  
[info@ocec.coop](mailto:info@ocec.coop)

**OCEC will contact you to schedule the site visit upon receipt of payment. Please attach a site plan including: North Arrow, Home/Building site, desired meter location, septic/drain field, driveway, fences, streams and any other information you feel is important.**

The information contained herein is accurate to the best of my knowledge. I understand that if my service needs or location changes from what was originally provided there may be additional fees.

**SIGNED or TYPED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_