

REQUEST FOR SERVICE



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

CONTACT NAME: _____

PHONE 1: _____ TYPE: CELL HOME OFFICE

PHONE 2: _____ TYPE: CELL HOME OFFICE

E-MAIL ADDRESS: _____

MAILING ADDRESS: _____

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

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

FEE REC'D: DATE REC'D: _____ METHOD OF PAYMENT: _____

MEMBER #: _____ WORK REQUEST #: _____

COPY TO OCEI: COPY TO FIBER: SITE VISIT DATE/TIME: _____

STK #: _____ S.O. #1: _____ S.O. #2: _____ W.O. #1: _____

EST PAID: DATE PAID: _____ METHOD OF PAYMENT: _____

SITE DRAWING WORKSHEET FOR ELECTRIC AND/OR PROPANE SERVICE



CONTRACTOR INFORMATION

GENERAL/BUILDING: _____ PHONE: _____
ELECTRICAL: _____ PHONE: _____
EXCAVATION: _____ PHONE: _____

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

PRIMARY 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 EV Charger – Amps: _____

Other: _____ Level: 1 2 3

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: _____

BROADBAND FIBER SERVICE INFORMATION

Check Box if you intend to install Broadband Fiber

RETURN THIS COMPLETED FORM, ALONG WITH PAYMENT VIA *CASH OR CHECK* FOR THE \$200.00 ESTIMATE FEE, TO:

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

Physical:
93 West Chewuch Rd
Winthrop, WA

e-mail:
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.

