



Date: _____

NEW SERVICE INFORMATION

- Copy to Member Services
 Copy to Billing

Dear Consumer, Please complete your initial contact information and the **Member Information** and **Co-op Service Initial Information** sections and return the Dakota Energy to request a new service.

Name: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Member Information:

Current Member: Yes No If Yes, Customer Number: _____

If No, Application Completed: Yes No

Deposit Required: Yes No Circle one: Deposit or Approved Credit History

Preferred Payment Method: ACH Monthly Bill

Co-op Service Initial Information:

Type of Service: Residential Non-residential 3-Phase Temporary Description: _____

Interested in Security Light: Yes No If yes, Rental Own Circle one: Metered or Unmetered

Legal Description: T _____ R _____ Sec. _____ NW NE SW SE

Service/911 Address: _____ City: _____

Landowner Name: _____ Landowner Phone: _____

Landowner Address: _____

Please return to Dakota Energy Cooperative. Thank you!

Co-op Service Information:

Work Order No: _____ Rate: _____

Load Size: _____ Voltage: _____ Amps: _____

Line Footage: OH _____ URD _____

Sub: _____ Feeder: _____ Phase: _____ County: _____

Aid to Construction for 1 phase Line Extension: _____ Paid, Date: _____

Aid to Construction for 3 phase line Extension (includes transformer/metering) Paid, Date: _____

Aid to Construction for Single Phase Double Throw: _____ Paid, Date: _____

Aid to Construction for Single Phase 400 Amp Loop: _____ Paid, Date: _____

Approximate date of when service is needed: _____

Easement(s) signed & notarized by all landowners to complete project

Service Agreement Information:

Service Agreement Required: Yes No

Service complete, 30 day grace period before billing

VFD's or soft start with harmonic filters over 10 HP are required

Consumer owned disconnect required: Yes No

Consumer owned 3 phase transformer pad required: Yes No

Consumer capacitors required: Yes No

Wiring Permit on file: Yes, contractor _____ Phone No.: _____

Map with designated pole(s), jbox(es), transformer, meter, etc. with footages, OH or URD construction, signed by the Cooperative and Member: Yes, date _____

I hereby understand and agree that the Cooperative will place facilities in accordance to the attached map. Any changes may delay construction until the appropriate information, aid to construction, revised signed & dated map, etc. is received by the Cooperative.

Consumer: _____ Date: _____

Dakota Energy Cooperative: _____

COOPERATIVE INFORMATION CHECKLIST

Cooperative Use Only

- Aid to Construction
- SHPO/THPO
- Locate Ticket
- Service Agreement
- Construction Completion Date: _____
- Reviewed by Finance Manager
- Easement(s)
- Wiring Certificate
- Signed Map
- Discussed Rate
- Membership Application
- Deposit/Credit Reference
- Member Service Handout Sent
- Member Service Handout Returned
- First Bill Due: _____