



**NEW SERVICE INFORMATION**

Date: \_\_\_\_\_

- 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: \_\_\_\_\_