



NEW SERVICE INFORMATION

Date: _____

- Copy to Member Services
- Copy to Billing
- Copy to Operations

Dear Consumer, please complete your initial contact information and the **Member Information** and **Co-op Service Initial Information** sections and return to 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 Yes: Customer Number _____ No: Application Completed

Deposit Required: Yes No **Check One:** Deposit 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

Check One: Metered Unmetered

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

Service/911 Address: _____ City: _____

Landowner Name: _____ Landowner Phone: _____

Landowner Address: _____

Approximate date of when service is needed: _____

Wiring Permit on file: Yes-Contractor: _____ Phone Number: _____

When the service is complete and not energized, there will be a 30 day grace period before billing.

Co-op Service Information:

Work Order Number: _____ Transformer Mount: Pole Pad

Service Map Location: _____

Load Size: _____ Voltage: _____ Amps: _____ Rate: _____

Line Footage -- Primary: OH _____ URD _____ Secondary: OH _____ USE _____

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

Easement(s) signed and notarized by all landowners to start project: None Required:

Transformer Shared: No Yes - At Location: _____

Aid to Construction:

Single Phase Line Extension: _____ Paid on Date: _____

3 Phase Line Extension
(includes TX pad/TX/metering): _____ Paid on Date: _____

Single Phase Double Throw: _____ Paid on Date: _____

Single Phase 400 Amp Metering: _____ Paid on Date: _____

Construction Allowance: _____ Construction Cost: _____

Service Agreement Information:

Policy 81 - Conditions of Electric Service Reviewed:

Procedure 4 - Energy Efficiency Incentives:

Consumer Owned Disconnect Required:

Consumer Capacitors Required:

Final Grade Agreement Signed:

Primary Heating Source:

Gas

Primary Electric

All Electric

Water Heater:

Gas

Electric

COOPERATIVE INFORMATION CHECKLIST

Cooperative Use Only

Aid to Construction

SHPO/THPO

Locate Ticket

Policy 81

Construction Completion Date: _____

Easement(s)

Wiring Certificate

Signed Map

Discussed Rate

Membership Application

Deposit/Credit Reference

Member Service Handout Sent

Member Service Handout Returned

First Bill Due: _____

Reviewed by Finance Manager: _____

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: _____ Work Order No.: _____