



**DAKOTA ENERGY
COOPERATIVE, INC.**
"Service for your way of life"
PO BOX 830, HURON, SD 57350-0830

PO Box 830 | Huron, SD 57350-0830
(605) 352-8591, office | www.dakotaenergy.coop

NEW SERVICE INFORMATION

Date: _____

Dear Consumer, please complete your initial contact information and the Member Information and Cooperative Service Initial Information sections and return to Dakota Energy to request a new service.

Name: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Personal Home: _____ Work 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

Cooperative 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.

Cooperative 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 paid/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:

Policy 80 - Line and Service Extensions Reviewed:

Procedure 4 - Energy Efficiency Incentives:

Policy 60 - Electric Rules, Regulations & Rates Reviewed:

Consumer Owned Disconnect Required:

Consumer Capacitors Required:

Primary Heating Source: Gas Primary Electric All Electric

Final Grade Agreement Signed:

Water Heater: Gas Electric

COOPERATIVE INFORMATION CHECKLIST

Cooperative Use Only

Aid to Construction

Easement(s)

Membership Application

SHPO/THPO

Wiring Certificate

Deposit/Credit Reference

Locate Ticket

Signed Map

Member Service Handout Sent

Policy 81, 80, & 60

Discussed Rate

Member Service Handout Returned

Construction Completion Date: _____

First Bill Due: _____

Reviewed by Finance Manager: _____

The Cooperative will retain ownership of all facilities installed by the Cooperative, even though the member may make a financial contribution towards the construction and facilities costs.

I hereby understand and agree that the Cooperative will place facilities in accordance with 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: _____