



NEW SERVICE INFORMATION

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

Date: _____

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 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 No: _____ 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: _____
 Meter Form: _____ Meter Multiplier: _____

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: _____
 Latitude: _____ Longitude: _____

Service Agreement Information:

Policy 81 – Conditions of Electric Service Reviewed: Policy 80 – Line and Services Extensions Reviewed
 Procedure 4 – Energy Efficiency Incentives: Policy 60 – Electric Rules, Regulations & Rates Reviewed:
 Consumer Owned Discount 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

<input type="checkbox"/> Aid to Construction	<input type="checkbox"/> Easement(s)	<input type="checkbox"/> Membership Application
<input type="checkbox"/> SHPO/THPO	<input type="checkbox"/> Wiring Certificate	<input type="checkbox"/> Deposit/Credit Reference
<input type="checkbox"/> Locate Ticket	<input type="checkbox"/> Signed Map	<input type="checkbox"/> Policy 81, 80 & 60
<input type="checkbox"/> Construction Completion Date _____		<input type="checkbox"/> First Bill Due: _____

Reviewed by Finance Manager: _____



DAKOTA ENERGY
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"Service for your way of life"

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I understand and agree that only Dakota Energy utilities are in the Cooperative's trench.

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 and dated map, etc., is received by the Cooperative.

Consumer: _____ Date: _____

Dakota Energy Cooperative: _____ Work Order: _____