




A Touchstone Energy® Cooperative 

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**(Office Use Only)**

Acct. No.	_____
Location	_____
Work Order	_____
Conn Fee	_____
Sec. Dep.	_____
Other	_____
Total	_____

**SERVICE REQUEST FORM (Load Sheet)**

**MEMBER INFORMATION**

Member Name:		New Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DL:	SSN:	TIN:	
Phone	Cell:	Acct No. (if existing):	
911 Service Address to be Connected:		City, State, Zip:	
Billing Address:		City, State, Zip:	
Additional Contact:			
Phone:		Cell:	

**SITE PLAN/SURVEY: PLEASE INDICATE THE DESIRED METER AND TRANSFORMER LOCATION**

Requested Voltage: Single Phase:  120/240  240/480      3-Phase:  120/208  240/480  277/480

Main Breaker Rating: \_\_\_\_\_ AMPS    Gas:  Yes  No    DG:  Yes  No    Size: \_\_\_\_\_ KW

Desired Service Type:  Overhead  Underground      Motor Greater than 50 HP:  Yes  No

Outdoor Light?  Yes  No      Type of Service?  Primary Residence  Weekend/Seasonal  Ancillary Facilities  Commercial  
(well/barn/shop/gate)

**SERVICE INFORMATION**

CHECK ONE:  HOME  MOBILE HOME  TRAVEL TRAILER  BARN/SHOP  WELL/GATE  OTHER:  
BRICK/FRAME/METAL      SINGLE WIDE/DOUBLE WIDE

Color/Description: \_\_\_\_\_ Gate Code: \_\_\_\_\_

General Driving Directions:

Nearest Neighbor's Address:

**DISCLAIMER AND SIGNATURE:**

Member will be responsible for locating and visibly marking/exposing all private underground utilities (including but not limited to water, sewer, telephone and gas) prior to the construction of electric facilities by the Cooperative. Any damages to unmarked underground utilities by the Cooperative will be at the owner's expense and responsibility to repair.

Member or Member's Authorized Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Signer and Title of Representative if applicable: