

HLPD SERVICE REQUEST FORM

HUDSON LIGHT & POWER DEPARTMENT
49 FOREST AVENUE, HUDSON MA 01749
PH: 978-568-8736 FAX: 978-562-1389
WWW.HUDSONLIGHT.COM

HLPD SR#: _____

DATE: _____

ELECTRICIAN INFORMATION:

NAME: _____
COMPANY: _____
LICENSE #: _____
ADDRESS: _____
PHONE: _____ FAX: _____

PROJECT INFORMATION:

PROJECT ADDRESS: _____

DESCRIPTION OF WORK: _____

DATE WHEN SERVICE IS REQUIRED: _____

NOTICE: ALL NON-CT RATED METERS MUST HAVE **MANUAL BYPASS!** 3-PHASE SERVICES GREATER THAN 200 AMPS AND 1-PHASE SERVICES GREATER THAN 400 AMPS REQUIRE CT RATED METERS. CALL HLPD METERING DEPARTMENT FOR SPECIFICATIONS.

SERVICE AT PROJECT COMPLETION	QUANTITY	AMPS	
1-PHASE 3-WIRE 120/240V			
3-PHASE 4-WIRE 120/208V			
3-PHASE 4-WIRE 277/480V			
3-PHASE 3-WIRE 240V (FOUR WIRES MUST BE INSTALLED)			
3-PHASE 3-WIRE 480V (FOUR WIRES MUST BE INSTALLED)			
TOTAL CONNECTED LOAD (ATTACH CONNECTED LOAD LIST):			
CIRCLE ALL THAT APPLY BELOW:			
CUSTOMER TYPE:	Residential	Commercial	Industrial
BUILDING TYPE:	Single Family	Multi-unit Commercial Retail	Office Factory
PROJECT TYPE:	New Upgrade	Temporary Relocate	Remove
DOES THE POINT OF ATTACHMENT CHANGE?:	Yes	No	
TYPE OF SERVICE:	Overhead	Underground	
CUSTOMER OWNED TRANSFORMER?:	Yes	No	
PRIMARY METERING?:	Yes	No	
ADDING NEW LOADS? LIST TOTAL AMPS:			
IF TEMPORARY SERVICE, LIST TOTAL AMPS:			

PROPERTY OWNER INFORMATION:

NAME: _____
ADDRESS: _____
PHONE: _____

WARNING: METER MUST BE INSTALLED AT LOCATION SHOWN BELOW. HLPD SHALL NOT BE RESPONSIBLE FOR WIRING AND/OR INSTALLATION MISTAKES. PLEASE REQUEST HLPD REQUIREMENTS PRIOR TO STARTING THE INSTALLATION WORK AND ALLOW 3 BUSINESS DAYS FOR APPROVAL.

NOTE: FOR WORK REQUIRING A METER RE-INSTALLATION, CALL HLPD STATING YOU REQUIRE A METER RE-INSTALLATION WITH AT LEAST 30 MINUTES ADVANCED NOTICE.

HLPD APPROVED METER LOCATION ON STRUCTURE: _____

(TO BE COMPLETED BY HLPD REP)

SIGNATURES:

(ELECTRICIAN OR PROPERTY OWNER)

(HUDSON LIGHT & POWER DEPARTMENT REP)