

## HLPD SERVICE REQUEST FORM

(Required for all work upstream of and including the Main Breaker and/or impacting load by 10% or more)

HUDSON LIGHT & POWER DEPARTMENT  
49 FOREST AVENUE, HUDSON MA 01749  
PH: 978-568-8736 FAX: 978-562-1389  
[WWW.HUDSONLIGHT.COM](http://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 (INCLUDING TEMPORARY SERVICES) 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)        |               |                                  |                  |
| <b>TOTAL CONNECTED LOAD (ATTACH CONNECTED LOAD LIST):</b> |               |                                  |                  |
| <b>CIRCLE ALL THAT APPLY BELOW:</b>                       |               |                                  |                  |
| 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)