

# HLPD SERVICE REQUEST FORM

(Required for all work where it is necessary for HLPD to leave a meter unlocked)

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)			
TOTAL CONNECTED LOAD (ATTACHED CONNECTED LOAD LIST):			
		<b>CIRCLE ALL THAT APPLY</b>	
CUSTOMER TYPE:	Residential	Commercial	Industrial
BUILDING TYPE:	Single Family	Multi-unit   Comm	Office   Factory
PROJECT TYPE:	New   Upgrade	Temp   Relocate	Remove
DOES THE POINT OF ATTACHMENT CHANGE?:	Yes	No	
TYPE OF SERVICE:	Overhead	Underground	
OWN 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. THE PROPERTY OWNER SHALL BE RESPONSIBLE FOR ANY DAMAGES THAT MAY OCCURE TO THE METER WHILE IT IS UNLOCKED. 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.

## SIGNATURES:

\_\_\_\_\_  
(ELECTRICIAN OR PROPERTY OWNER)

\_\_\_\_\_  
(HUDSON LIGHT & POWER DEPARTMETN REP)