



SPENCERPORT MUNICIPAL ELECTRIC

ELECTRICIAN'S REPORT

In order that the Village of Spencerport may keep aware of electrical demands, the following information is required for all new requests for electrical service.

Service Address _____ Lot # _____

Builder _____
Name Address Phone #

Electrician _____
Name Phone #

Owner _____

Tenant _____

Single Family _____ 2 Family _____ Multiple Dwelling _____

Commercial _____ Type of Business _____

Industrial _____

Size/Type of Service _____

PLEASE CHECK IF THE FOLLOWING ARE CONNECTED:

Electric Heat Yes _____ No _____ Total Watts _____

Air Conditioning Yes _____ No _____ Total Watts _____

Electric Range & Oven Yes _____ No _____ Total Watts _____

Electric Dryer Yes _____ No _____ Total Watts _____

Dishwasher Yes _____ No _____ Total Watts _____

Electric Hot Water Heater Yes _____ No _____ Total Watts _____

Any other single load in excess of 2000 Watts _____

Any other Motors/Specify Rating _____

Meter Cabinets Required _____ Size _____ Hub Size _____

Electrician's Signature _____ Date: _____

Received By _____ Date: _____