

New Service/Service Increase – Projected Load Data Sheet**LOAD INFORMATION** (to be completed by Member's Electrician or P.E.)

Account Name: _____

Service Address: _____

Description of Service: _____

Voltage: _____ Phase: Single Three Service Ampacity: _____

Connected Load (kW): _____ Demand Load (kW): _____

Nature of Load/Load Type: _____

Anticipated Usage (Constant/Intermittent/Hrs Per Day): _____

Electrical Contractor or P.E. (print): _____

Oklahoma License#: _____ Phone # _____

Signature: _____ Date: _____

OFFICE USE ONLY

Meter Pole Location: _____ Service Order Number: _____

Transformer:

Size: _____ Voltage: _____

Metering:

Form: _____ Multiplier: _____ # of CT's _____ CT Size _____

Analysis:

Engineering Review By: _____ Date: _____

Approval: Approved - No action Approved - Action Needed Approved - ATC Required
 Not Approved

ATC Required:

Approved By: _____ Date: _____