

**New Service Application**

**Village of Hyde Park  
PO Box 400  
Hyde Park, VT 05656  
(802) 888-2310  
(802)-888-6878 Fax**

Electrician Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_  
Phone: \_\_\_\_\_

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<b>Owners Name &amp; Billing Address</b>	<b>Builders Name</b>
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: (    ) _____	Phone: (    ) _____
Applying for service at: _____	Account # _____

**Type of Service:**

Residential       Municipal       Commercial       Industrial  
 Farm       Other       Overhead       Underground

**Service Characteristics:**

**Electrical Load Characteristics:**

Volts: _____	kW Lighting: _____	kW Recepticles: _____
Phases: _____	Laundry: _____	Dishwasher: _____
Wires: _____	Jacuzzi/Sauna: _____	Pumps: _____
Cable Size: _____	Other: _____	Meter type _____
Base: _____	<b>Total kW load:</b> _____	

Number of services at this location: \_\_\_\_\_

Desired Completion Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
(Party Applying)

**Commercial Only**  
**Attach 1 copy of electrical and architectural drawings and site plan.**

**For office use only**

Meter number: \_\_\_\_\_ Route number: \_\_\_\_\_ Stop: \_\_\_\_\_

Account number: \_\_\_\_\_ Make: \_\_\_\_\_ Class: \_\_\_\_\_

Date meter set: \_\_\_\_\_

In reading: \_\_\_\_\_ Volts: \_\_\_\_\_ Amps: \_\_\_\_\_ Dials: \_\_\_\_\_ Seal: \_\_\_\_\_

Multiplier: \_\_\_\_\_ Demand: \_\_\_\_\_ Rate: \_\_\_\_\_

Meter location: \_\_\_\_\_

Transformer Number: \_\_\_\_\_ kVa \_\_\_\_\_ Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Signature: \_\_\_\_\_ Date of approval: \_\_\_\_\_