Middleborough Gas and Electric Department
Electric Load Information Form
For New Commercial Services

Business Name _____ **Contact Person** _____

Business Address _____ **Telephone** _____

Nature of the Business _____ **Hrs. of Operation/Wk.** _____

Electrical Contractor _____ **Address** _____ **Telephone** _____

Electric Service Information

Single Phase ____ **Three Phase** ____ **Voltage** _____ **Service Ampacity** _____

Facility Information

Square Footage of Facility _____ **If Electric Heat, Installed KW** _____

Sq. Footage of Lighted Space _____ **Type of Lights** _____ **Outdoor KW**_____

Sq. Footage of Air Conditioned Space _____ **Installed KW or BTU's or Tons** _____

Other Electrical Equipment

(Attach additional sheets, if necessary)

Description of Equipment	Phase	Wattage	-or-	Amps	Volts