

ESTIMATE TO CONNECT INFORMATION SHEET

Date: _____

CUSTOMER NAME(S): _____

Only customer names on the account can access information pertaining to SNC accounts

BILLING ADDRESS: _____

SERVICE ADDRESS & LOT#: _____

APPROX SQ FOOTAGE OF HOUSE _____

SEVERANCE: ☐ NO ☐ YES NUMBER: B _____ - _____ (EG:B-000-Year)

CONTACT NAME: _____ CELL PHONE: _____

BUS. PHONE: _____ FAX: _____

HOME PHONE: _____ EMAIL: _____

☐ NEW SERVICE ☐ SECOND SERVICE ☐ UPGRADE _____

☐ UNDERGROUND ☐ OVERHEAD

☐ 100A ☐ 200A ☐ SINGLE PHASE

☐ COMMERCIAL ☐ RESIDENTIAL

☐ ELECTRIC HEAT ☐ GAS HEAT ☐ OTHER _____

LARGE ELECTRICAL LOADS (ie car charger, sauna/hot tub, electric dryer, etc)

Specify _____

NOTES

