NES

NEW INSTALLATION ORDER

Customer Name_____

Mailing Address_____

Customer Phone#_____ Federal Tax ID # _____

Requestor Name_____ Phone & Fax # _____

ORDER INFORMATION

Street Address_____ Unit # (if applicable) _____

City and Zip Code_____ Lot # _____

Subdivision Name_____

House Town Home Condo Apartment (Circle One)

Electric Heat Gas Heat (Circle One)

Temp Meter Perm Meter Both (Circle One)

Contractor/Electrician_____

Contact Name_____Phone_____

Overhead Underground Underground Secondary (Circle One)

Temp Service Amps (if applicable) _____ Permanent Service Amps_____

All electric load? yes_____ no_____

If no, which appliances are gas_____

Square footage_____

Number of air conditioning units____ Tonnage per unit_____ Auxiliary Heat_____

Email or fax the completed sheet to the following. Please allow 3-5 days for work request numbers to be faxed / emailed back to you.

Single Residential – custserv@nespower.com or fax 615-747-3617
Subdivision and Multi-Family – energyservices@nespower.com