

## Appendix A: SERVICE CONNECTION FORM

### Service Connection Application/Quote Request Customer Input Form



## Service/Connection/Quote Request Customer Input Form

Request Date: \_\_\_\_\_ Job Number: (CLP Assigns): \_\_\_\_\_

1. This form is used to request CLP service, connection approval or a "Connection Charge Quote."  
For routine projects requiring a detailed cost estimate: After request for "Connection Charge Quote" or proposal, please allow 45 days for CLP to provide a formal proposal. This form will document all new connections to the electrical distribution system. Per CLP's government contract, final connection fees will be quoted based on time and material required to inspect/connect to system.

### 2. PROJECT INFORMATION:

Design Stage to Date: \_\_\_\_\_

Date Permanent Service Required: \_\_\_\_\_ Date Temp Service Required: \_\_\_\_\_

Are you requesting a Connection Fee Quote? \_\_\_\_\_ Date Connection Quote Fee Required: \_\_\_\_\_

Project Name: \_\_\_\_\_ Project Address: \_\_\_\_\_

Project Building #: \_\_\_\_\_

Description of project and CLP Scope of Work (What do you want CLP to do?):

---

---

### 3. CONTACT INFORMATION

Person CLP will contact for inquiries and to receive communications regarding changes affecting the job:

Name: \_\_\_\_\_  
*First* *MI* *Last*

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ CellPhone: \_\_\_\_\_



**4. FUNDING PROVIDER: (THIS FORM DOES NOT OBLIGATE THE REQUESTOR; A FOLLOW-UP PURCHASE REQUEST DOES THAT.)**

Person responsible for Construction / Relocation / Removal Charges: \_\_\_\_\_

Legal Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Person Responsible for Funding: \_\_\_\_\_ Title: \_\_\_\_\_

**5. ADDITIONAL INFORMATION (Attach as needed):**

**Please Email Completed Service Application along with applicable electronic versions of drawings, specifications, and other documents to:**

**JBLM@clpinc.com  
royanna.e.solis.civ@mail.mil**

**6. LOAD INFORMATION:**

**Service Type Requested:** Overhead  Underground

**Transformer:**

**SIZE (KVA):** \_\_\_\_\_

Secondary Nominal Voltage (V): \_\_\_\_\_

Phase: 1 Phase  3 Phase

Secondary Connection Type: \_\_\_\_\_

Number of wires for secondary connection: \_\_\_\_\_

DC control voltage (VDC): \_\_\_\_\_ (if any digital outputs to be used from transformer mechanical relays and sensors)

**Service Size:**

Panel (Amps): \_\_\_\_\_

Service Voltage: \_\_\_\_\_

**Connected Load:**

Lighting: \_\_\_\_\_ kW Other: \_\_\_\_\_ kW Total: \_\_\_\_\_ kW

**Motors:**

Largest motor size: \_\_\_\_\_ HP Code Letter (if known): \_\_\_\_\_

Amps: \_\_\_\_\_ Frequency of Start: \_\_\_\_\_

Is variable frequency drive used?  Yes  No Inrush Current (A): \_\_\_\_\_

Motor Application: \_\_\_\_\_

Will more than one motor start at a time?  Yes  No