

J#: \_\_\_\_\_ Acct # \_\_\_\_\_



**RESIDENTIAL ELECTRICAL DATA FORM**

284 South Ave, Poughkeepsie, NY 12601-4838

**(845) 452-2700 or 1-800-527-2714 FAX: (845) 486-5657 GO CKN<PGY DWUR GUF GUMB EGPJ WF OE QO**

**Customer** Name \_\_\_\_\_ **Contractor** Business Name \_\_\_\_\_  
New Service Address \_\_\_\_\_ **Electrician** Name \_\_\_\_\_ ID# \_\_\_\_\_  
Town \_\_\_\_\_ Zip \_\_\_\_\_ Address \_\_\_\_\_  
**Current** Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Town \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_/\_\_\_\_/\_\_\_\_ Wrk # \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone # \_\_\_\_/\_\_\_\_/\_\_\_\_ Fax # \_\_\_\_/\_\_\_\_/\_\_\_\_  
Cell # \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell # \_\_\_\_/\_\_\_\_/\_\_\_\_  
E-mail Address \_\_\_\_\_ License #: \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Appointment for site meeting needed?  Yes  No "Electrical Specifications" at [www.centralhudson.com](http://www.centralhudson.com)

**COMPLETE SECTION "1" OR "2"**

1.  **Upgrade** Amps from \_\_\_\_\_ to \_\_\_\_\_  Addtl # meters \_\_\_\_\_ Total # meters \_\_\_\_\_  
 **Relocate** point of attachment; existing poa: \_\_\_\_\_ ft, new poa: \_\_\_\_\_ ft Is service open 3 wire  Yes  No  
 **Repair** Type of repair:  main brkr  entrance cable  disconnect  riser  chg pnl box  other \_\_\_\_\_  
 **Retire** Date required for retirement \_\_\_\_\_

Existing Meter # \_\_\_\_\_ Meter Type:  A-frame  Socket  
The **existing** service is  Overhead  Underground. The **upgraded** service will be  Overhead  Underground  
Nearest CHGE : Pole # \_\_\_\_\_ or Splice Box/ Padmount # \_\_\_\_\_ Distance to structure \_\_\_\_\_ ft  
A.  (a) Check if you need an appointment with a crew for a disconnect/reconnect  
 (a) Only check if work cannot start until disconnect/reconnect appt made  Barrel Lock Present  
--- OR ---  
B.  (b) Check if above electrician is performing a disconnect/reconnect - **must be on approved list.**

2.  **New Service**  Overhead **or**  Underground  Temporary **or**  Permanent **Date service desired** \_\_\_\_\_  
Building permit # \_\_\_\_\_ **Number of meters** \_\_\_\_\_

If in **subdivision**: Name \_\_\_\_\_ Lot # \_\_\_\_\_ Subdiv # \_\_\_\_\_  
Is foundation installed:  Yes  No If **no**, when is the expected date \_\_\_\_\_ (Required if foundation is not installed)  
Type of construction:  Stick-built  Modular  Mobile **If Modular, check appt needed to determine point of entry.**  
Date structure to be completed \_\_\_\_\_ Sq footage \_\_\_\_\_

Service Size (Amps) \_\_\_\_\_ Service Entrance Conductor Size \_\_\_\_\_ Conduit size \_\_\_\_\_  
Load:  Elec hw  Elec heat  Elec heat/hw  Central a/c; tons \_\_\_\_\_  Central a/c/hw  Central a/c/heat  Central a/c/heat/hw

Nearest CHGE: Pole # \_\_\_\_\_ or Splice Box \_\_\_\_\_ Padmount # \_\_\_\_\_  
Distance from pole to point of attachment \_\_\_\_\_ ft. Distance to structure from the road \_\_\_\_\_ ft.  
Nearest Central Hudson **meter** # \_\_\_\_\_  
Other Underground Utilities:  Natural Gas  Telephone  CATV  Sewer  Water  
Do you want natural gas service (if available):  Yes  No **If yes, a Natural Gas Service Request will be required.**

**Provide nearest intersecting rd:**  
**Directions to property:**

Comments / Notes: