



**Lakefront
Utilities
Inc.**

207 Division Street
P.O. Box 577
Cobourg ON K9A 4L3

ELECTRICAL SERVICE CHANGE REQUEST

CONTRACTOR/CONSULTANT CONTACT INFORMATION			
*Contractor/Consultant		Contact Name	
*Phone Number		Email	
Fax Number		Pre-Authorized Connection No.	
CUSTOMER CONTACT INFORMATION			
*Customer		Contact Name	
*Street Address		*City	
*Postal Code		*Phone Number	
Fax Number		Email	
SERVICE ADDRESS (where service is to be modified)			
*Address			
Special Notes			
DETAILS OF CHANGES TO EXISTING SERVICE			
Account Number			
*Type of work to be performed			
<input type="checkbox"/> Change to Panel Size or Type <input type="checkbox"/> Change to Pole Conduit/Cable <input type="checkbox"/> Change to Service Location <input type="checkbox"/> Other - Specify below (i.e. Storm Damage, Siding, Renovation, Add/Delete/Change Metering, etc.)			
*Adding Load? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount? <input type="text"/>	*Quantity of Existing Revenue Meters		<input type="text"/>
If non-residential or greater than 200 Amps, please complete an Electric Load Summary form	*Quantity of Additional Revenue Meters		<input type="text"/>
*Meter Base Change? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, change meter base location to <input type="text"/>		
Special Notes	<input type="text"/>		
ESA Permit Number	<input type="text"/>		
Disconnect/Reconnect Required <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, preferred date for disconnect/reconnect? (yyyy/mm/dd) <input type="text"/>		*Upgrade Service Size? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Service Details (specify new service details if this is an upgrade)	*Routing Method	* Connection Type	*Revenue Metering
Amps <input type="text"/> Volts <input type="text"/>	<input type="checkbox"/> Underground	<input type="checkbox"/> Residential	<input type="checkbox"/> Metered
Phase <input type="text"/> kW Demand <input type="text"/>	<input type="checkbox"/> Overhead	<input type="checkbox"/> Non-Residential	<input type="checkbox"/> Unmetered
*Is new/upgraded on-site generation being proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please refer to the document "Guidelines for Applicants Connecting Distributed Generation" (available online at www.lakefrontutilities.on.ca)			
*Who should the service representative contact? <input type="checkbox"/> Customer <input type="checkbox"/> Contractor/Consultant		Preferred time to call during normal business hours? <input type="text"/>	
Preferred date for scheduling work (yyyy/mm/dd) <input type="text"/>		Special considerations for Planned outages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are additional documents being submitted with this request? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, total quantity of pages submitted (including this form) <input type="text"/>	

I hereby authorize the electrical contractor/consultant indicated above to coordinate the electrical service requirements for this request including disclosure of account information specific to the request.

*Date (yyyy/mm/dd) _____ *Signature of Customer _____

Note: If you are relocating electrical facilities we require a site plan showing right-of-way, municipal address, building, electric service, both existing and proposed, prior to processing. **Please include deposit with your application, see attached checklist for requirements for submitting this application.**

*** DENOTES REQUIRED INFORMATION**



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ELECTRICAL LOAD SUMMARY

CONTRACTOR/CONSULTANT CONTACT INFORMATION				
*Contractor/Consultant		Contact Name		
*Phone Number		Email		
Fax Number		Pre-Authorized Connection No.		
CUSTOMER CONTACT INFORMATION				
*Customer		Contact Name		
*Phone Number		Email		
Fax Number				
SERVICE ADDRESS (where service is to be modified)				
*Address				
Type of Business				
LOAD DETAILS (Include electric single line diagram in addition to loading)				
Load Description	120/240V	120/208 V	347/600 V	Other
Basic Load (per square footage)				
Connected Load - Lighting (kW)				
Estimated Receptacle Load (kW)				
** Space Heating - Total Electric (kW) (Winter Only)				
Total Electric Water Heating (kW)				
Total Electric Duct Heating (kW)				
Total Connected Ramp Heating (kW)				
Kitchen Equipment - Commercial (kW)				
Total HP A/C Equipment (Summer Only)				
Total HP A/C Computer Equipment				
Total HP Ventilating Motors				
Total HP Boilers, Heating Pumps				
Total HP Elevator Motors				
Total HP Manufacturing Process Motors				
Total HP Other Motors				
Total Humidification (kW)				
Other Loads Not Listed				
No. Parking Space Outlets (kW)				
No. Electric Dryers (kW)				
No. Electric Ranges (kW)				
Total Connected Load (Use Higher Value of Winter/Summer)				
Peak Load controller Used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Load Controlled (kW)	

*** DENOTES REQUIRED INFORMATION**

** Electric Heat in apartment or co-op buildings has to be metered separately from the renter's meter per Ontario Reg. 389/10.



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ELECTRICAL LOAD SUMMARY

LOADING PROFILE												
Estimated Load	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

*Date (yyyy/mm/dd) _____

*Submitted by _____
(Signature)

*** DENOTES REQUIRED INFORMATION**



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ELECTRICAL SERVICE CHANGE REQUEST

CHECKLIST

To ensure your application is processed in a prompt manner, please have all of the following steps completed. Our Engineering Department will advise you if any further information is required to complete your request.

CHECKLIST

- Completed 'Electric Service Change Request' Form
- Load Summary Report
- Deposit Cheque
 - \$500.00 - 400 Amp service or less
 - \$1,000.00 - above 400 Amp service

Send your completed application, load summary report and deposit cheque to:

LAKEFRONT UTILITIES INC.
Attn: Electrical Distribution Systems Manager of Assets and Design
207 Division Street, Box 577
Cobourg, ON K9A 4L3

Clear Form Data