



**KASSON PUBLIC UTILITIES**  
 1401 16<sup>th</sup> St NE  
 Kasson, MN 55944  
 507-634-6330

**COMPLETE THIS FORM AND SUBMIT TO:** electricdept@cityofkasson.com

\_\_\_\_\_  
**CUSTOMER / PROJECT NAME** \_\_\_\_\_  
**SERVICE / PROJECT ADDRESS**

\_\_\_\_\_  
**ENGINEERING CONTACT** \_\_\_\_\_  
**COMPANY NAME** \_\_\_\_\_  
**PHONE**

\_\_\_\_\_  
**ELECTRICIAN CONTACT** \_\_\_\_\_  
**COMPANY NAME** \_\_\_\_\_  
**PHONE**

**ELECTRICAL LOAD DATA: NON-MANUFACTURING SERVICES OVER 200 AMPS**

**CONNECTED LOAD**

EXISTING	_____ KW	BUILDING SIZE (EXCLUDING PARKING)	_____ SQ FT
NEW	_____ KW	IN-BUILDING PARKING/GARAGE	_____ SQ FT
		NON-OFFICE SPACE: HEATED <input type="checkbox"/>	COOLED <input type="checkbox"/>
SPACE COOLING	_____ KW		
SPACE HEATING	_____ KW	SERVICE ENTRANCE SIZE	_____ AMPS
AIR HANDLING	_____ KW	VOLTAGE	_____
REFRIGERATION	_____ KW	PHASE	3Ø <input type="checkbox"/> 1Ø <input type="checkbox"/>
EV CHARGING	_____ KW		
OTHER MOTORS	_____ KW	SERVICE WIRE TYPE & SIZE	_____
OTHER LOADS	_____ KW	# OF SETS OF CONDUCTORS	_____ SETS
TOTAL CONNECTED SERVICE LOAD	_____ KW	TOTAL CONNECTED SERVICE LOAD	_____ AMPS
ESTIMATED MAXIMUM DEMAND	_____ KW	ESTIMATED AVERAGE POWER FACTOR	_____ %
LARGEST MOTOR HP	_____ KW	WATER HEATING: GAS <input type="checkbox"/>	ELECTRIC RESISTIVE <input type="checkbox"/>
		OTHER _____	
MOTOR QUANTITY >= 5 HP	_____	SPACE HEATING: GAS <input type="checkbox"/>	ELECTRIC RESISTIVE <input type="checkbox"/>
		OTHER _____	

**The undersigned acknowledges that the above information is correct and that all work will be done in compliance with Kasson Public Utilities Electric Service Rules and Regulations.\***

\_\_\_\_\_  
**NAME** \_\_\_\_\_  
**SIGNATURE** \_\_\_\_\_  
**DATE**

\* Kasson Electric Rules and Regulations book is available upon request