



TOWN OF FOREST CITY

PO BOX 728~128 N POWELL ST FOREST CITY, NC 28043

(828) 248-5239 (F) (828)245-6143

NON-RESIDENTIAL ACCOUNT INFORMATION FORM

Dear Customer:

To provide you with timely and accurate service, complete sections on Billing Information, Service (Site) Address Information, and Load Information. The Load Information section is needed by our engineering group in order to accurately size our equipment. If the information is not available at this time, please complete the Billing and Service Information so the necessary paperwork to provide service to your facility can be initiated. Once you have determined the load Information, please fax or mail the Information to:

Town of Forest City
Attn: Electrical Dept.
PO Box 728
Forest City, NC 28043

Fax: (828) 248-5216
Phone: (828) 245-0149

BILLING INFORMATION

Legal Name of Ownership: _____

DBA (Doing Business As): _____

Form of Ownership: Sole Proprietor Corporation Partnership Limited Partnership Other

Has credit been established with the Town of Forest City? Yes No

If yes, list other Account # or service address: _____

Mailing Address: _____

City, State and Zip: _____

Additional Mailing Info: _____

Billing Contact Name: _____

Daytime Phone: _____ Cell: _____ Fax: _____ Email: _____

Property Ownership: Own Rent/Lease

Name of Property Owner: _____ Phone: _____

SERVICE (SITE) ADDRESS INFORMATION

Service Address: _____

City, State and Zip: _____ County: _____

Directions: _____

New Service (No existing service lines): Upgrade Existing Service (Existing service lines):

Hours of Operation: M-F: _____ Weekends: _____ Other: _____

Requested By: _____ Title: _____

Daytime Phone: _____ Cell: _____ Fax: _____ Email: _____

Date Service Needed: _____ **NOTE:** A final inspection may be needed to complete your service request. Check with the appropriate City Inspections Department to determine their procedures.

GENERAL CONTRACTOR/BUILDER

Name: _____

Phone: _____

Fax: _____

Email: _____

ELECTRICIAN

Name: _____

Phone: _____

Fax: _____

Email: _____

DELIVERY INFORMATION

Total Load: _____ **Additional Load Only (Existing Meter No: _____)**

Check Service Desired: Overhead Underground Customer Wire Type: Copper Aluminum

Check Phase Desired: Single Phase 3 Phase Number of Wires: 3 4 5 6 More

Delivery Voltage: _____ Volts Service Size: _____ Amps

No. of Conductors Per Phase: _____ Size of Conductors: _____ No. of Neutral Conductors: _____ Size of Neutral: _____
(NOTE: If underground 3-Phase Service is required, the number of conductors per phase is limited to 12.)

Gross Square Footage: _____ Conditioned Square Footage: _____

