

# COMMERCIAL SERVICE INFORMATION FORM (C-1)

City of Ft. Collins Electric Utility \* 700 Wood St. \* P.O. Box 580 \* Ft. Collins, CO 80522  
(970)221-6700 or fax (970)221-6619

Service voltages available are (not all voltages are available at all locations):

- ◆ 120/240 V. 1 phase, 3 wire
- ◆ 120/208 V. 3 phase, 4 wire
- ◆ 120/208 V. 1 phase, 3 wire (network)
- ◆ 277/480 V. 3 phase, 4 wire
- ◆ Primary 13,200 V. Grd Y /7620
- ◆ 120/240 V. 3 phase, 4 wire (special utility permission required)

For CT'd meters, Light and Power will provide the meter socket and CT's to the electrical contractor. CT's cannot be placed in the transformer, but may be located in a building mounted cabinet (provided by owner) or in the owner's switchgear. In no case, can meters be mounted on the transformer.

- Cold sequencing is required for all commercial services that are direct metered.
- If CT'd metering, the owner must provide and install a - 1" conduit from the CT location to the electric meter.

## +Please complete the following completely and legibly:

Date Submitted: \_\_\_\_\_

Voltage Requested: \_\_\_\_ / \_\_\_\_  1 phase OR  3 phase  
Building Main (not fuse) Size: \_\_\_\_\_ Amps  
Number of Conduits: \_\_\_\_\_ Size of Conduits: \_\_\_\_\_  
Number of Cables: \_\_\_\_\_ Size of Cables: \_\_\_\_\_  
Electric Heat:  Yes \_\_\_\_\_ kW  No

Business Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

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

General Contractor: \_\_\_\_\_

Individual: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

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

Electrical Contractor: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

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

Firm: \_\_\_\_\_

Number of CT'd meters: \_\_\_\_\_ at \_\_\_\_\_ Amps each

Number of Self-Contained meters: \_\_\_\_\_ at \_\_\_\_\_ Amps each

Largest Motor: \_\_\_\_\_ H.P. 1 Phase \_\_\_\_\_ H.P. 3 Phase

Will any generating system (including photo-voltaics) be installed?  Yes (contact utility for requirements)  No  
If Yes, this will be for:  emergency service  
 parallel generation

Will a fire pump be installed?  Yes  No

Form Completed by:

Name: \_\_\_\_\_

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

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

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

### *For Office Use Only*

Transformer Size: \_\_\_\_\_ kVA

Fault Current at Transformer: \_\_\_\_\_ Amps

1st 50% - Control # \_\_\_\_\_ Paid Date: \_\_\_\_\_

2nd 50% - Control # \_\_\_\_\_ Paid Date: \_\_\_\_\_

100% Const./Energize - Cont. # \_\_\_\_\_ Paid: \_\_\_\_\_

A.T.E. Date: \_\_\_\_\_

Engineering Approval by: \_\_\_\_\_ Date: \_\_\_\_\_

Metering Approval by: \_\_\_\_\_ Date: \_\_\_\_\_