

CUSTOMER OWNED 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: _____

Email: _____

General Contractor: _____

Individual: _____

Mail Address: _____

City: _____

State & Zip: _____

Phone: _____

Email: _____

Electrical Contractor: _____

Mail Address: _____

City: _____

State & Zip: _____

Phone: _____

Firm: _____

Email: _____

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: _____

Email: _____

For Office Use Only

Transformer Size: _____ kVA

Fault Current at Transformer: _____ Amps

100% Construction - Cont. # _____ Paid: _____

A.T.E. Date: _____

Engineering Approval by: _____ Date: _____

Metering Approval by: _____ Date: _____