

INSTRUCTIONS FOR PREPARING APPLICATIONS FOR ELECTRIC SERVICE & METER

Please refer to the sample application while reviewing the following notes. The letters below correspond with those on the sample.

- A. After reading the instructions at the top of the application, locate the PECO Energy Company Region in which the service is requested. Check the appropriate box and mail or fax the completed application to the appropriate regional office.
- B. Complete the fields for customer's name and service location. Customer's Driver's License Number or Social Security Number is now required.
Note: (*) Include PECO Energy pole # and/or Lot # only if applicable.
(**) Use the address of the service when applying for underwriter's inspection.
- C. Complete the fields for customer's PECO Energy billing address or account number (within last 60 days).
- D. Complete fields regarding you as the electrician or contractor, and indicate where you would like the reply sent. The Electrician/Builder Tax Identification number is now required. Also, please include the date you would like the reply returned to you.
- E. Indicate your current construction status, and include the date PECO service is requested.
- F. thru J. Indicate the following:
- Type of Request
 - Type of Service (include number of units and area per unit)
 - Service Characteristics
 - Meter Information
 - Heating/Air Conditioning
- K. For "commercial services" only, complete the table concerning the load characteristics of the service. For each applicable type of load, provide: 1) Connected KW, 2) Maximum Summer KW Demand, and 3) Maximum Winter KW Demand.
- L. Complete the table concerning motor information.
- M. If compensated metering will be used, indicate totalizer and general load (KW).
- N. Include any additional comments.
- O. Application **MUST** be signed and dated.



PECO Energy Company Application for Electric Service & Meter

M-24175 (front) Rev. 02/07

INSTRUCTIONS:

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NEW BUSINESS SERVICES (1-800-454-4100)

http://www.exeloncorp.com/ourcompanies/peco/pecobiz/contractor_and_builder_services/service_information_resources.html

PHILADELPHIA REGION (City of Philadelphia)

830 S. Schuylkill Ave.
Phila, PA 19146-2395
(215) 731-2340
Fax # (215) 731-2327

A

DELCHESTER REGION (Delaware, Chester & York)

1050 W. Swedesford Rd.
Berwyn, PA 19312
(610) 725-7160
Fax # (610) 725-1416

BUCKSMONT REGION (Bucks & Montgomery)**

400 Park Ave.
Warminster, PA, 18974
(215) 956-3270
Fax # (215) 956-3240

** Lower Merion is served by DelChester Region

New Residential Construction (Infrasource, Inc.)

1000 First Ave. Fourth Floor
King of Prussia, PA 19406
(610) 757-6700
(800) 664-7326
Fax # (610) 757-6933

CUSTOMER NAME		Tax ID # or SSN or Driver's License No.		TYPE OF REQUEST		F																																									
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INFORMATION BELOW WILL BE FILLED IN BY PECO ENERGY COMPANY -								Service Request No.
BUS/MAJ ACCT REP		TELEPHONE	DATE RECEIVED	DESIGNER	TELEPHONE	DATE RECEIVED		
POL SUB	RATE	RIDER	CONTRACT LIMITS		SIC NUMBER	T NUMBER	DATE REPLY COMPLETED	
AMPS	WIRES	VOLTAGE	PHASE	CIRCUIT		C-QUAD	T-QUAD	LOAD (KVA) SUMMER _____ WINTER _____
SERVICE CHARACTERISTICS – Select One from Each SERVICE TYPE <input type="checkbox"/> Aerial <input type="checkbox"/> Underground <input type="checkbox"/> URD RATE: <input type="checkbox"/> Residential <input type="checkbox"/> Comm (Non-Demand) <input type="checkbox"/> Comm (Demand) <input type="checkbox"/> HT/PD METER TYPE: <input type="checkbox"/> KWH <input type="checkbox"/> IND. DEMAND <input type="checkbox"/> RECORDER <input type="checkbox"/> TOU SERVICE PHASING: <input type="checkbox"/> SINGLE PHASE <input type="checkbox"/> TWO PHASE <input type="checkbox"/> THREE PHASE				POLE # / MH # LOCATION			CUT THROUGH DATE	
SERVICE REQUIREMENTS: <input type="checkbox"/> Present Service OK <input type="checkbox"/> Loop Only <input type="checkbox"/> Taps Only <input type="checkbox"/> See Job # _____				METERING LOCATION AND REQUIREMENTS: <input type="checkbox"/> Present Location: Meter # _____ <input type="checkbox"/> CTs - _____ <input type="checkbox"/> PTs - _____ <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> On _____ Wall, _____ Ft. From _____ Wall, _____ ft. Above Ground				
ADVANCE NOTIFICATIONS: Underwriter's Cert. Required <input type="checkbox"/> Yes <input type="checkbox"/> No Customer to Trench <input type="checkbox"/> Yes <input type="checkbox"/> No Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> State <input type="checkbox"/> Other _____ ACT 222 Cert. Required <input type="checkbox"/> Yes # _____ <input type="checkbox"/> No <input type="checkbox"/> N/A PA One Call # _____ Date _____ <input type="checkbox"/> Gas <input type="checkbox"/> BCO <input type="checkbox"/> CATV <input type="checkbox"/> Other _____ Date _____					CUSTOMER BILLING: Advance Billing Required <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No Charges: MST MCT Cust. # _____ Date _____ BCO # _____ Date _____ CATV # _____ Date _____ Other _____ Date _____			

SKETCH / INSTRUCTIONS

SAMPLE



PECO Energy Company

Application for Electric Service & Meter

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