



A PHI Company

# APPLICATION FOR ELECTRIC SERVICE

To expedite your service request, please fill out the application online at: <https://webapps.pepco.com/newservices>

To help avoid delays in processing your application, you **must** also submit a site plan or sketch showing all facilities and obstructions. Incomplete information on the paper application may result in a delay in processing your request for service.

The company reserves the right to cancel this request if no further communication is received from the customer **within 90 days** of Pepco response date.

APPLICANT INFORMATION	ADDRESS OF PROPERTY TO BE SERVED
Name _____ Owner <input type="checkbox"/> Electrician <input type="checkbox"/> Builder <input type="checkbox"/> Developer <input type="checkbox"/> Other <input type="checkbox"/> Mailing Address _____ City _____ State _____ Zip _____ Phone _____ Alt. Phone _____ Fax _____ E-mail _____	Project Name (if applicable) _____ Street Address _____ Apt. No. _____ City _____ State _____ Zip _____ Lot and Block No. _____ Owner's Name _____ Existing Account No. _____

TYPE OF REQUEST	BILLING ADDRESS (if different from above)
New Service <input type="checkbox"/> Temporary <input type="checkbox"/> Lighting <input type="checkbox"/> Facility Relocation <input type="checkbox"/> Upgrade/Heavy-Up <input type="checkbox"/> Other <input type="checkbox"/> _____ Proposed In-Service Date: ____/____/____ <input type="checkbox"/> Net Energy Metering (Apply separately at <a href="http://www.pepco.com/home/choice/">http://www.pepco.com/home/choice/</a> )	Street Address _____ Apt. No. _____ City _____ State _____ Zip _____

TYPE OF SERVICE	VOLTAGE
Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Other _____	120/208 single phase, three wire <input type="checkbox"/> 265/460 three phase, four wire <input type="checkbox"/> 120/240 single phase, three wire <input type="checkbox"/> Primary Voltage <input type="checkbox"/> 120/208 three phase, four wire <input type="checkbox"/>

SERVICE TERMINATIONS <small>(If you are installing more than one piece of service termination equipment, please submit a breakdown of the connected load behind each switchboard.)</small>					
Service	Service Equipment Type*	Capacity (amps)	Service	Service Equipment Type*	Capacity (amps)
Existing Service	_____	_____	New Service #4	_____	_____
New Service #1	_____	_____	New Service #5	_____	_____
New Service #2	_____	_____	New Service #6	_____	_____
New Service #3	_____	_____			

\* May include Switchboards w/BIC, Mainline Switches, CT Cabinets, Transockets or Meter Sockets.

PRIMARY SITE USE		
<b>RESIDENTIAL</b> <input type="checkbox"/> Single House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Other _____ No. of Units _____ Conditioned Square Footage/Unit _____ sq. ft.	<b>SUBDIVISION</b> <input type="checkbox"/> No. of Single Family Homes _____ No. of Townhomes _____ No. of Apartments/Condos _____ No. of Other Units _____ Total Units/Lots _____	<b>COMMERCIAL</b> <input type="checkbox"/> Store <input type="checkbox"/> Total Conditioned sq. ft. _____ No. of units _____ Restaurant <input type="checkbox"/> Total Conditioned sq. ft. _____ No. of units _____ Office <input type="checkbox"/> Total Conditioned sq. ft. _____ No. of units _____ Warehouse <input type="checkbox"/> Total Conditioned sq. ft. _____ No. of units _____ Condo <input type="checkbox"/> Total Conditioned sq. ft. _____ No. of units _____ Apartment <input type="checkbox"/> Total Conditioned sq. ft. _____ No. of units _____ Other <input type="checkbox"/> _____ Total Conditioned sq. ft. _____ No. of units _____



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## PRIMARY SITE USE *(continued)*

**INDUSTRIAL**  (Please provide a description of your project.)

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## LOAD INFORMATION

Lighting _____ kW	Water Heating _____ kW	Largest Motor _____ hp
Air Conditioning _____ tons	Elevators _____ kW	Misc. Power _____ kW
Electric Heat Pump _____ tons	Number of elevators _____	
Electric Resistance Heating _____ kW	Total hp Motors _____ hp	

Additional information for design consideration (Special site considerations, additional load info, etc.): \_\_\_\_\_

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Return completed application to Pepco at:

### District of Columbia

Pepco  
 3400 Benning Rd., N.E.  
 Mailstop: 2B59FF  
 Washington, D.C. 20019  
 Phone: (202) 331-6237  
 Fax: (202) 388-2721

### Maryland – Montgomery County

Pepco  
 Rockville Service Center  
 201 West Gude Drive  
 Mailstop: 2RCK22  
 Rockville, MD 20850  
 Phone: (301) 670-8700  
 Fax: (301) 670-8718

### Maryland – Prince George’s County

Pepco  
 Forestville Service Center  
 8300 Old Marlboro Pike  
 Mailstop: 2FVC67  
 Forestville, MD 20772  
 Phone: (301) 967-5800  
 Fax: (301) 967-5820

For Office Use Only<sup>159-04-12</sup>

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Name