



# APPLICATION FOR ELECTRIC SERVICE

A PHI Company

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 _____	Project Name (if applicable) _____
Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Electrician <input type="checkbox"/> Builder <input type="checkbox"/> Developer <input type="checkbox"/> Other <input type="checkbox"/>	Street Address _____
Mailing Address _____	Apt. No. _____ City _____
City _____ State _____ Zip _____	State _____ Zip _____ Lot and Block No. _____
Phone _____ Alt. Phone _____	Owner's Name _____
Fax _____ Email _____	Existing Account No. _____

TYPE OF REQUEST	BILLING ADDRESS
New Service <input type="checkbox"/> Temporary <input type="checkbox"/> Lighting <input type="checkbox"/> Facility Relocation <input type="checkbox"/>	Name _____
Upgrade/Heavy-Up <input type="checkbox"/> Electric Vehicle <input type="checkbox"/>	Street Address _____
Other <input type="checkbox"/> _____	Apt. No. _____
Proposed In-Service Date: ____ / ____ / ____	City _____ State _____ Zip _____

TYPE OF SERVICE	VOLTAGE			
	Existing		New	
Overhead <input type="checkbox"/> Underground <input type="checkbox"/>	120/208 single phase, three wire	<input type="checkbox"/>	<input type="checkbox"/>	265/460 three phase, four wire
Other <input type="checkbox"/> _____	120/240 single phase, three wire	<input type="checkbox"/>	<input type="checkbox"/>	Primary Voltage
	120/208 three phase, four wire	<input type="checkbox"/>	<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	_____	_____	<i>*May include Switchboards w/BIC, Mainline Switches, CT Cabinets, Transockets, or Meter Sockets.</i>		

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 <input type="checkbox"/> _____ 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**  **OTHER**  (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 _____	Total hp Motors _____ hp
Electric Resistance Heating _____ kW	Backup Resistance Heating _____ kW	

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 Road NE  
 Mailstop: 2B59FF  
 Washington, DC 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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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