

(For Office Use Only)
Acct. No
Location.
Service Order
Check Office Files: Yes/No
Con Fee
Sec. Dep
other.
Total

ELECTRICITY • BROADBAND

LOAD SHEET

SERVICE REQUEST FORM					
Member Name:			New Member?	Yes No	
DL/Tax ID/SSN: Email Address:					
Phone:	Cell:	Acct. No. (If Exisiting):			
Billing Address:					
City:		State:		Zip:	
911 Service Address to be Connected:					
City:		State:	Zip:		
Additional Contact:					
Phone:		Cell:			
SITE PLAN/SURVERY: PLEASE INDICATE THE DESIRED METER AND TRANSFORMATION LOCATION					
Requested Voltage:	Single Phase	Three Phase	Voltage		
Main Breaker Rating:	Amps Gas:Yes	No DG/SOLAR:Yes	No Siz	ze:KW	
Desired Service Type:Overh	headUnderground Motor Greater Than 50 HP:YesNo				
Outdoor Light?YesNo Type:ResidentialCommercial					
Are you interested in internet service provided by CCECA?YesNo					
SERVICE INFORMATION					
Check one:Brick/Frame/Metal Hor	meS/W or D/W Mobile Home	eTravel Trailer _	Barn/Shop	Well Pump / Other	
Color: Gate Code:					
General Driving Directions:					
Nearest Neighbors Address:					
DISCLAIMER AND SIGNATURE					
I understand and agree that: It is my responsibility to identify, mark, and expose any underground or above ground facilities (i.e.; private water, sewer, telephone, gas lines etc.). I understand that: It is my responsibility to provide a clear access path to and within the CCECA easement. Thus: I hereby agree to indemnify, release, and hold CCECA, its contractors, etc. harmless from any damages occurring to the property or facilities on the property. I understand that: Trucks, equipment, etc. utilized to connect Electric Service may leave ruts or disturb the natural terrain on the property. Thus: In order to connect the Electric Service requested I hereby agree to indemnify, release and hold CCECA, its, contractors, etc. harmless for any damage that may occur to the property's terrain as a result of the trucks, equipment, etc. operating on the property to connect Electric Service. Initial:					
Member/Members Authorized Representative Signature:					
Printed Name of Signer and Title of Representative Signature: Date:					

Main Office: Rusk

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FAX: 903-683-5012

District Office : Chapel Hill

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