



Load Information Sheet

**CUSTOMER INFORMATION**

Company name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Service address: \_\_\_\_\_ City: \_\_\_\_\_  
 Type of business: \_\_\_\_\_ Total square footage: \_\_\_\_\_  
 Square footage to be heated: \_\_\_\_\_ Square footage to be cooled: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: IN Zip: \_\_\_\_\_  
 NIPSCO's account number: \_\_\_\_\_ Email address: \_\_\_\_\_

**INFORMATION ON ELECTRIC SERVICE**

Service Requirement: New: \_\_\_\_\_ Existing (Additional load only): \_\_\_\_\_  
 Entrance size: Phase: \_\_\_\_\_ Amps: \_\_\_\_\_ Voltage: \_\_\_\_\_ Wire: \_\_\_\_\_  
 Service requested: Overhead: \_\_\_\_\_ Underground: \_\_\_\_\_ Padmount Metering: \_\_\_\_\_  
 Hours of operation: Daily: \_\_\_\_\_ Days of week: \_\_\_\_\_ CT Cabinet: \_\_\_\_\_  
 Maximum 1/2 hr. demand (Kw): \_\_\_\_\_  
 Date service requested by: \_\_\_\_\_  
 Date you expect to be operating at full capacity: \_\_\_\_\_

**CONNECTED LOAD - ELECTRIC**

Equipment	Existing	New	Total HP	Total Demand
Motors:	_____ Hp	_____ Hp	_____ Hp	_____ Kw
Largest motor:	_____ Hp	_____ Hp	_____ Hp	_____ Kw
Lighting:	_____ Kw	_____ Kw		_____ Kw
Welders:	_____ Kw	_____ Kw		_____ Kw
Receptacles:	_____ Kw	_____ Kw		_____ Kw
Misc.:	_____ Kw	_____ Kw		_____ Kw
Air conditioning:	_____ Kw	_____ Kw		_____ Kw
Electric heat:	_____ Kw	_____ Kw		_____ Kw
<b>TOTALS:</b>	_____ Kw	_____ Kw		_____ Kw

**INFORMATION ON GAS SERVICE**

Required Delivery Pressure (Example 6.5" H2O, 5#, 10#, etc.): \_\_\_\_\_  
 Maximum demand in Cfh: \_\_\_\_\_  
 Is this Service for a Grain Dryer or Mint Still (Yes or No): \_\_\_\_\_  
 NOTE: If information for Historical LP usage for the site is available, please attach.

**CONNECTED LOAD - GAS**

Equipment	Existing	New	Hours of Operation	# of Days Week In Operation
Space Heat	_____ cfh	_____ cfh	_____	_____
Water Heat	_____ cfh	_____ cfh	_____	_____
Generator	_____ cfh	_____ cfh	_____	_____
Misc Equip. (List)	_____ cfh	_____ cfh	_____	_____
_____	_____ cfh	_____ cfh	_____	_____
_____	_____ cfh	_____ cfh	_____	_____
_____	_____ cfh	_____ cfh	_____	_____
<b>TOTALS:</b>	_____ cfh	_____ cfh	_____	_____

Date service requested by: \_\_\_\_\_ Date you expect to be operating at full capacity: \_\_\_\_\_  
 Name of architect: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
 Name of general contractor: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
 Name of heating contractor: \_\_\_\_\_ Telephone number: \_\_\_\_\_

\_\_\_\_\_  
 Customer's Signature/Title \_\_\_\_\_ Date \_\_\_\_\_