



Commercial Service Application

CNB@NiSource.com

(844) 809-8921

RETURN INSTRUCTIONS

Email CNB@NiSource.com

Mail NIPSCO • Residential New Business
801 E. 86th Ave • Merrillville, IN 46410

Fax (219) 647-6370

SERVICE REQUEST

Temporary electric Estimated date site will be ready for temporary electric _____

Permanent electric Estimated date site will be ready for permanent electric _____

Gas Estimated date site will be ready for gas _____

CUSTOMER INFORMATION

Company Name _____

Company contact person _____ Phone number _____

Email _____

Service Address

Street _____

City _____

State ____ Zip _____

Mailing Address (if different)

Street _____

City _____

State ____ Zip _____

Contractor /Other Name _____

Phone number _____ Email _____

BUSINESS & PROPERTY INFORMATION

Business Type

- | | | | |
|---|---|-----------------------------------|--|
| <input type="radio"/> Bank | <input type="radio"/> Hospital | <input type="radio"/> School | <input type="radio"/> Industrial / Manufacturing |
| <input type="radio"/> Church | <input type="radio"/> Hotel | <input type="radio"/> Warehouse | _____ |
| <input type="radio"/> Commercial Office | <input type="radio"/> Restaurant | <input type="radio"/> Farm | specify type |
| <input type="radio"/> Department Store | <input type="radio"/> Retail | <input type="radio"/> Grain Dryer | <input type="radio"/> Other |
| <input type="radio"/> Grocery Store | <input type="radio"/> Retirement Center | | _____ |
| | | | specify type |

Total Square Footage

for all except Industrial / Manufacturing or Grain Dryer
_____ square feet

Similar Operation

If you are aware of a similar existing business or operation please indicate the name and address.

Name _____

Address _____

City _____ State _____



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FOR ELECTRIC SERVICE REQUESTED

Customer Type

- New Customer Existing Customer

Service Size

- 100 A 200 A 320 A 400 A
 600 A 800 A 1200 A 2000 A

Other _____

Service Request

- Add New Service Upgrade Existing Service

Service Voltage

- 120/240 V 1 ϕ , 3 wire 120/208 V 3 ϕ , 4 wire 277/480 V 3 ϕ , 4 wire
 240 V Delta 3 ϕ , 3 wire 480 V Delta 3 ϕ , 3 wire Primary Service

Other _____

Service Type

- Overhead Underground Padamount Metering CT Cabinet

Total Estimated Demand

Total KW _____

FOR GAS SERVICE REQUESTED

Customer Type

- New Customer Existing Customer

Service Request

- Add New Service Upgrade Existing Service

Expected Delivery Pressure *(NIPSCO engineer will help confirm final correct delivery pressure)*

- 6.5" Water Column 2 PSIG 5 PSIG 10 PSIG Other _____

Estimated Max Hourly Demand

Total cfh _____ or Total Btu/hr _____

Fuel Source and Consumption **please do not convert heat source until consulted by a NIPSCO representative**

If connecting from an alternate fuel source, please provide annual consumption

I am converting from

Annual Consumption

- I am not converting

- Propane

My annual propane consumption has been _____ gallons per year

- #2 fuel oil

My annual #2 fuel oil consumption has been _____ gallons per year

- Other _____

My annual _____ consumption has been _____ _____ per year
units

SIGNATURE

Please enter name of person submitting NIPSCO Service Application

The undersigned represents that (1) they are authorized to submit this information on behalf of the Customer, and (2) that Customer is requesting that NIPSCO proceed based on the information provided in this Application. Notice: You may be contacted and required to submit additional load information prior to determining if a deposit will be required for your requested service.

Signature _____ Date _____



Buried Hazards Form

This form is for ALL buried utilities, facilities, and or hazards that normally are not marked by 811

SITE CONTACT for utility/facility/hazard locating

This normally would be someone other than the customer such as a contractor, builder, etc. This person could be the customer if the customer is coordinating/overseeing the project

Site Contact Name _____ Phone Number _____

Lead time locate notification _____ Days - 5 working days maximum

The amount of time the Site Contact person needs to be notified ahead of the project start date to insure buried facilities are located/exposed/protected, etc.

CUSTOMER

Name _____ Date _____ Phone Number _____

Address _____ City _____

BURIED HAZARDS buried or concealed utilities, facilities, or hazards are as follows:

Buried Facilities	In Path	On Property	Does Not Exist
Well, Water Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drain, Field Tile, Dry Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas, Fuel, Oil Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Septic Tank / Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weed Barrier / Fabric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buried Structures / Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invisible Fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stumps, concrete, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



The above facilities or hazards will be marked, located, protected, or exposed (preferred method), by the property owner or his designees as follows:

- Located
- Exposed
- Protected
- Other please describe below:



Buried Hazards Form

This form is for ALL buried utilities, facilities, and or hazards that normally are not marked by 811

BURIED HAZARDS continued

Describe depth, location, or other pertinent information of indicated buried utilities, facilities, hazards:

Other identified objects that may need to be moved/removed for construction, (fences, material, equipment, etc.):

SIGNATURE

The undersigned represents that he/she is the owner of the property identified by the address herein ("Real Property") and/or is authorized to execute this form and make the representations and warranties set forth herein for themselves and on behalf of any tenants or other party responsible for the maintenance or operation of any underground, buried or concealed utilities, structures, facilities, objects or hazards (collectively "Buried Facilities") or any other parties who have an interest in the Real Property (individually and collectively "Property Owner"). Property Owner represents and warrants that all Buried Facilities on the Real Property have been located and are clearly marked and identified on the Real Property. Property Owner further represents and warrants that this form has been properly and accurately completed with respect to identification of Buried Facilities on the Real Property and that Northern Indiana Public Service Company ("NIPSCO") has a right to rely upon the information provided by Property Owner on this form. Further, in exchange for NIPSCO performing the work set forth below, the Property Owner hereby releases, waives and agrees to hold harmless NIPSCO, its agents and employees, from any and all liability, claims, causes of actions, demands or damage brought by any party relating to any damage to any Buried Facilities arising from or caused by NIPSCO's performance of the work regardless of whether such Buried Facilities are marked or unmarked on the Real Property or whether properly identified on this form.

Description of work to be performed by NIPSCO:

Signed *property owner or authorized representative* _____