

COMMERCIAL SERVICE APPLICATION

SECTION V - BY ELECTRIC DIVISION

Customer Name _____
 Street Address _____ Pole & Route or M.H. # _____

Estimated KVA (From Section IV) _____

TRANSFORMER:	No. _____	Primary _____	Secondary _____
	PM _____	Voltage _____	Voltage _____
	KVA _____		
	Pole _____	Vault _____	Other _____

Primary Cable _____
 Pad Spec. # _____ CT Spec. # _____
 Metering: On Trans. _____ In Bldg. _____ Other _____
 Specific Details _____

Completed By: _____ Date: _____

Approved: _____ Date: _____

SECTION VI - RECORD INFORMATION

NOTE: COMPLETED FORM SHOULD BE DIRECTED TO:

Director of Engineering & Operation
 Town of Danvers - Electric Division
 1 Burrough Street
 Danvers, MA 01923

Copy To: Meter Superintendent