

OFFICE USE:
Map Location:
Non-Member #:
Billing Cycle/Rate:
CSR:

*Crow Wing Power  
 Attn: Customer Service  
 PO Box 507  
 Brainerd MN 56401*



**NEW ELECTRIC SERVICE QUESTIONNAIRE**

This form will help us get the *New Electric Service* process going. Please be sure to include contact information so we can reach you with any questions we may have and to schedule a visit to the premises by one of our Field Engineers.

**Legal Description**

(Section, Township, Range or SubDivision, Block, Lot)

**911 Address**

**Closest Neighbor with Power**

**If current Member, Crow Wing Power Account Number?**

**Name:**

**Mailing Address:**

Street City State Zip

**Phone Numbers**

*Home:*

*Daytime Number:*

If different than Home

*Mobile:*

*Fax:*

**Type of Structure to Hook-up**

**Space Heating Planned**

(Indicate type and/or KW load if known)

**Water Heater Planned**

(Indicate type if known)

**Other Large Electric Load**

(Motors, machinery, indicate voltage/wattage)

**Special Needs**

(3 phase, Higher Amperage, Medical Condition)

**Desired Location of Meter**

*\$100 APP + FOOTAGE+ METER*  
 (Furnished by CWP @ \$500 charge, Wall, Pedestal, Pole, CT)

**Is this location marked now?**

(If No, a meeting with a Field Engineer is required)

**Electrician**

(Self or Contractor, Name, Phone#)

**Please send me information on**

*Peoples Security*

*Crow Wing Power Credit Union*

*(On the backside, please sketch your lot and location of any structures and obstructions)*