

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 BASE
 (Furnished by CWP @ \$550 charge, Pedestal or Pole)*

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)