



NEW ELECTRIC SERVICE QUESTIONNAIRE

WHERE IS THIS SERVICE LOCATED?

LEGAL DESCRIPTION _____
(Section, Township, Range or SubDivision, Block, Lot)
911 ADDRESS _____
CLOSEST NEIGHBOR WITH POWER _____
MAP LOCATION: _____ - _____ - _____ - _____

WE NEED SOME BACKGROUND INFORMATION ON YOU

CO-OP MEMBER ? # (OR) #
Yes CIN# No Verify Identity
NAME: _____
Last First Middle Initial
MAILING ADDRESS: _____
Street City State Zip
PHONE NUMBERS (Home)() _____ (Work) () _____
(Fax) () _____ (Mobile) () _____

WHAT KIND OF ELECTRIC SERVICE DO YOU NEED?

TYPE OF STRUCTURE TO HOOKUP _____
(Home, cabin, RV, commercial)
SPACE HEATING PLANNED _____
(Indicate type and/or KW load if known)
WATER HEATER _____
(Indicate type if known)
OTHER LARGE ELECTRIC LOAD _____
(Motors, machinery, indicate voltage/wattage)
SPECIAL NEEDS _____
(3 phase, Higher amperage, Medical Condition)

DETAILS ON WIRING

BILLING CYCLE/RATE _____ / _____ (TURTLE METER, FIXED CHARGE @\$24/MONTH PLUS \$0.109/KWH)
DESIRED LOCATION OF METER _____ \$100 APP + CONNECT + FOOTAGE + METER
(Connect \$250 or \$500, CWP meter \$650)
IS THIS LOCATION MARKED NOW? _____
(Yes No Meet Field Engineer)
ELECTRICIAN _____
(Self or Contractor, Name, Phone#)

WOULD YOU LIKE INFORMATION ON PEOPLE'S SECURITY? _____ YES
WOULD YOU LIKE INFORMATION ON CROW WING POWER CREDIT UNION? _____ YES

Member Service Representative: _____
To Return: Fax (218) 825-2209, or Mail P.O. Box 507, Brainerd, MN 56401
(On the backside, please sketch your lot and location of any structures and obstructions)