

HMP&L

HENDERSON MUNICIPAL POWER & LIGHT
 PO BOX 8 HENDERSON, KY 42419-0008
LOAD SHEET

CUSTOMER NAME: _____ CONTACT: _____
 MAILING ADDRESS: _____ PHONE: _____
 LOCATION: _____ EMAIL: _____

PROPOSED SERVICE INFORMATION:*

Service Needed: New Additional _____ Weeks till service is needed (From submittal date)
 We request a delivered voltage of (Check one):
 120/240 Volts, single phase, 3 wire 277/480 Volts, three phase, 4 wire, Wye
 13800 Volts, three phase, 3 Wire, Grounded Wye at Sub onl 120/208 Volts, three phase, 4 wire, Wye

Description of service equipment:

_____ Service Entrance Capacity in Amperes
 _____ Number of Conduits
 _____ Size of Conduits
 _____ Number of Conductors per Phase
 _____ Size of Conductors
 _____ Neutral Conductor Size
 _____ Overhead Service
 _____ Underground Service
 On Demand Equipment (if yes what type) _____

To service the following approximate connected loads (Fill out following section if service size is greater than 200 Amps)

1Ø	3Ø	
_____	_____	KW Space Heating, Type _____
_____	_____	KW Space Cooling & Ventilation _____
_____	_____	KW Lighting _____
_____	_____	KW Water Heating _____
_____	_____	KW Cooking _____
_____	_____	KW Other (Specify) _____

Largest Motor: _____ HP _____ FLA _____ Volts _____ Phase
 Largest cooling equipment compressor motor: _____ FLA _____ Phase _____ Volts
 If customer owned transformer: _____ Transformer KVA _____ Anticipated Load
 Estimated 15 minute continuous maximum demand: _____ Summer KW _____ Winter KW

Architect: _____ Engineer: _____
 Electrical Contractor:* _____ Builder: _____
 Submitted By:* _____ Date: _____

*** These fields must be completed.**
NO ENGINEERING OR CONSTRUCTION WORK WILL BE DONE BY HMP&L PRIOR TO THE RECEIPT AND ACCEPTANCE OF THIS FORM.

HMPL ENGINEERING DEPARTMENT USE ONLY

CT Meter Hook-Up #: _____ CT Meter Size & Ratio: _____
 Self-Contained KVA: _____ Transformer Sizes: _____
 Work Order #: _____ PT Ratio: 2.5 4.1
 Install Date: _____ Minimum Bill Amount: _____ Comments: _____
 Check Date: _____ Date Given to City: _____
 Meter Formed Used: _____
 Returned from City: _____