

Littleton Electric Light Department
 39 Ayer Rd. P.O. Box 2406
 Littleton, MA 01460
 (M) 978-540-2222

LELD SR# _____

Date: _____

Appendix L - Littleton Electric Light Department Service Request Form

Project Information	
Project Address:	
Description of Work:	
Project Type (Circle one): New Upgrade Temporary Relocate Remove	
Customer Type (Circle one): Single Family Multi-unit Commercial Retail Office Factory	
Building Type (Circle one): Residential Commercial Industrial	
Electrician Information	
Name:	License #:
Company:	
Address:	
Phone #:	Email:

SERVICE EQUIPMENT DATA

Service Size _____ Main Breaker Size _____ Phase (1/3) _____
 Single Phase: ___ (120/240V) Three Phase 4-Wire: ___ (120/208V) ___ (277/480V)
 Overhead Service: ___ Underground Service: ___ Number of Meters: _____

Electrical Load (KW at 100%)	
Lighting:	Washer:
Receptacles:	Dryer:
Heating:	Elevator:
Air Conditioning:	Misc.:
Refrigerator:	Microwave:
Motors:	Other (describe):
Emergency Generation? (Y/N):	KW:
Total Large Item KW (Next Page):	
TOTAL CONNECTED LOAD IN KW:	

Please list any large electrical equipment not listed above:

Item	Single or Three Phase	Volts	Starting Current	Running Current	KW at 100%	Operating Time (Starts/day and duration)

Requested Date of Service: _____

**Notes:*

Electrician Signature: _____

Date: _____

LELD Signature: _____

Date: _____