



Application for Service

Customer Information

- Service Type: Residential or Commercial | New Construction Conversion Utility Relocation Lighting

Date: _____ Account #: _____ Meter Read Cycle: _____

Customer/Company Name (Billing Name): _____ E-mail Address: _____

Secondary Contact Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Service Address: _____ City: _____ State: _____ Zip: _____
(Contact City or County Surveyor's Office for new address)

Employer: _____ SSN/DLN: _____ Birth Date: _____

Tax ID: _____

Did you have previous service with NorthWestern Energy at another address? Yes No

If Yes, address: _____ City: _____

Legal Description

Township: _____ Range: _____ Section: _____ ¼ Section: _____ Subdivision: _____ Block: _____ Lot: _____

Site Information

Service Needed: Overhead Electric Underground Electric Gas City Limits Yes No

Additional Options: Temporary Electric During Construction *(Customer Charge)*

Load Information

Electric: Phase: 1 Phase 3 Phase Panel Size: _____ Amps Demand: _____ kW

Voltage: 120/240 120/208 277/480

Electrical Contractor _____ Phone _____

Wiring Permit Number _____

Primary Electric Heat: 1 Meter 2 Meter

Gas: Load _____ Btu/hr (total input of all appliances)

Heating/Plumbing Contractor _____ Phone _____

Delivery Pressure Required: 7"wc 14"wc 2psig 5psig

Requested installation Date: _____ (You must contact NorthWestern Energy for **actual** installation date.)

Building info: Square Footage: _____ ft

Residential: House Mobile Home Multiplex Housing (# of Units: _____)

Primary Heat: Electric Gas – BTUs _____ Propane Wood

Secondary Heat: Electric Gas – BTUs _____ Propane Wood

Water Heater: Electric Gas – BTUs _____ Propane

Range: Electric Gas – BTUs _____ Propane

Dryer: Electric Gas – BTUs _____ Propane

Air Conditioner: Window Central Gas – BTUs _____ Propane

Spa/Pool/Fireplace Electric Gas – BTUs _____ Propane

Commercial: Garage Office Retail Restaurant Storage

Short Description of Business: _____

Will space be heated? Yes No Electric Gas – BTUs _____ Propane Wood

Is this a seasonal service? Yes No

If Yes, what type of heater? Hanging Tube In-Floor Forced Air Other: _____

Generator: Gas – BTUs _____ Frequency and Duration of Generator Test: _____

Completed by: _____