

## Application to Upgrade Service Connections

Please print, complete and fax your application to 1-866-266-6366.

If you require assistance when filling out this form, please contact us at 1-877-520-1355 between 7:30 a.m. and 4:30 p.m. Monday to Friday.

### I. SERVICE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Legal or Registered Name of Company (if applicable): \_\_\_\_\_

Service Address: \_\_\_\_\_

Town or City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Billing Address (if different than Service Address): \_\_\_\_\_

Town or City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell: \_\_\_\_\_

### II. REFERENCE DATA

#### a) Spouse or Partner (for Residential Request only, if applicable)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town or City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell: \_\_\_\_\_

**b) Employer (for Residential Request only)**

Name of Company : \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Town or City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please complete the following employer contact information:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell: \_\_\_\_\_

**c) Personal Reference (for Residential Request only)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town or City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell: \_\_\_\_\_

**d) Principal Partner (for Commercial / Industrial Request only)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town or City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please complete the following if applicable:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell: \_\_\_\_\_

**e) Financial Institution (for Commercial / Industrial Request only)**

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Town or City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**III. ADDITIONAL CONTACT INFORMATION**

**a) General Contractor**

Contact Name: \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town or City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**b) Electrical Contractor**

Contact Name: \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town or City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**c) Other (please specify e.g. developer, consultant, etc. if applicable): \_\_\_\_\_**

Contact Name: \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town or City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**IV. SERVICE DETAILS**

Type of Service  Overhead  Underground

Please indicate your meter number or Account number: \_\_\_\_\_

Directions to Site (for remote locations): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Location of house From property line at from property  
 (in metres) road \_\_\_\_\_ m line at side \_\_\_\_\_ m

If overhead, please supply the identification tag number of the pole from which your service is connected: \_\_\_\_\_

If underground, please supply the number of the closest transformer \_\_\_\_\_

Date service required \_\_\_\_\_

Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

120/240 Volt Mainswitch size: \_\_\_\_\_ amps

**IF SERVICE REQUIRED IS GREATER THAN 200 amps or voltage is not 120/240, please complete the section below.**

Number of hours of operation/day: \_\_\_\_\_ Number of operational days/week: \_\_\_\_\_

Largest Motor size: \_\_\_\_\_ hp Average Operating Demand: \_\_\_\_\_ kW

Code Peak Demand: \_\_\_\_\_ kW Time of Day of Peak Demand: \_\_\_\_\_

Building Heated by: \_\_\_\_\_ If Other, please specify \_\_\_\_\_

Load Details	Connected
Electric Heating Load	_____ kW
Lighting Load	_____ kW
Motor Load	_____ kW
Air Conditioning Load	_____ kW
Other Load, specify: _____	_____ kW
Total Connected Load	_____ kW
Proposed Future Load	_____ kW

Metering Information	
Number of Meters Required	_____
Wire Size	_____
CT Type	_____
CT Lugs - Conductor Size	_____ X _____
Meter Cabinet	_____
Temporary Master Metering Required?	_____

**AGREEMENT:**

The undersigned by applying for service and submitting this Application acknowledges an obligation to pay for service provided by BC Hydro in accordance with this Application and the electric tariff as amended or replaced from time to time for inspection at any general office of BC Hydro.

\_\_\_\_\_  
 Signature of applicant