



STOWE ELECTRIC DEPARTMENT

PO BOX 190 | 435 MOSCOW ROAD
STOWE, VT 05672

LINE EXTENSION / LINE RELOCATION APPLICATION

I or we, _____, hereby apply for a line extension from the power lines of the Town of Stowe Electric Department (hereinafter referred to as "Stowe Electric"), where said lines run close to my premises. (Stowe Electric reserves the right to approve or disapprove any proposed line location.)

I understand that I am required to sign this agreement to pay the total cost of providing the service extension less the credit for the service drop as explained by Stowe Electric.

I understand that I will be required to pay up front a \$200 non-refundable application fee. This fee will be credited toward the actual costs upon completion or forfeited if I do not proceed with the line extension.

I understand that I will be required to pay actual costs of materials and labor utilized to bring service to my facility. These costs will be billed upon completion of the line extension construction.

Sincerely,

The Customer Care Team

PLEASE ANSWER THE FOLLOWING QUESTIONS:1. Location of Property:

a) Name of Town/Village: _____

b) Town highway number: _____

c) Name of Road: _____

2. Nearest Pole Number: _____3. Date Service is Needed: _____4. Type of Service: (check one)a) Residential ☐ b) Commercial ☐c) Industrial ☐ d) Farm ☐5. Size of Service:

a) 100 Amp

b) 200 Amp

c) Other _____ Amp

7. Voltage (check one)a) 120/240 V - 3 wire ☐ b) 120/208Y - 4 wire ☐c) 120/240 V - 4 wire ☐ d) 277/480Y - 4 wire ☐8. Location of Service and Meter: (check one)a) Aerial (overhead) service with meter on house ☐b) Underground service with meter on the pole ☐c) Underground service with meter on pedestal ☐

Note: Aerial Service - Maximum distance 100' from pole to house, over 100' additional poles required. Underground Service - Maximum distance 250' from meter to the house.

9. Additional information:

a) Type of heat: (check one)

1) Oil ☐2) Gas ☐3) Electric ☐

4) Other: _____

b) Workshop: ☐ YES ☐ NO

If yes, type of equipment (table saw, welder, drill press): _____

c) Home Industry ☐ YES ☐ NO

If yes, type: _____

10. Do you intend to install a backup/auxiliary generator? (If answered yes, Stowe Electric requires the installation of equipment to prevent back-feed.)

☐ YES☐ NO**Customer Name (PLEASE PRINT):** _____**Customer Mailing Address (PLEASE PRINT):** _____

Customer Telephone Number: _____**Customer E-mail Address:** _____*****\$200 deposit and site map must accompany this application.*******DATE:** _____ **SIGNATURE:** _____