P.O. BOX 190 STOWE, VERMONT 05672 (802) 253-7215 (802) 253-4555 FAX

COMMISSIONERS: Larry Lackey, Chair Heidi Scheuermann Sara Teachout

GENERAL MANAGER Jackie Pratt

LINE EXTENSION / LINE RELOCATION APPLICATION

	, hereby apply for a line extension from the power lines of the Town Department (hereinafter referred to as "Stowe Electric"), where said lines run close to we Electric reserves the right to approve or disapprove any proposed line location.)
	I am required to sign this agreement to pay the total cost of providing the service credit for the service drop as explained by Stowe Electric.
	I will be required to pay up front a \$200 non-refundable application fee. This fee ward the actual costs upon completion or forfeited if I do not proceed with the line
	will be required to pay actual costs of the following materials and labor to bring service se costs will be billed upon completion of the line extension construction.
Poles Primary Wires Right of Way Right of Way Clea Trenching Blasting and/or Ba Service Wires & E	ckfilling
PLEASE ANSWE	R THESE QUESTIONS:
1. <u>Location of</u> a) Name of	f Property: Town/Village:
b) Town hi	ghway number:
c) Name of	`Road:
2. Nearest Po	le Number:
3. Date Service	ce is Needed:

4.	Type of Service: (check one) a) Residential c) Industrial	b) Commercial d) Farm			
5.	Size of Service: a) 100 Amp b) 200 Amp c) Other Amp				
	Voltage (check one) a) 120/240 V - 3 wire c) 120/240 V - 4 wire □	b) 120/208Y - 4 wire d) 277/480Y - 4 wire			
6.	6. 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.				
7.		Gas Other:			
	b) Workshop:	NO No elder, drill press):			
	c) Home Industry	□NO			
8.	Do you intend to install a backup/auxiliary generator? YES If answered yes, Stowe Electric requires the installation of equipment to prevent back-feed.				
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	:: SI	GNATURE:			