

Sierra Electric Cooperative, Inc.

610 Hwy 195 • P.O. Box 290 • Elephant Butte, New Mexico 87935 Tel: 575-744-5231 • Fax: 575-744-5819 www.sierraelectric.org

APPLICATION FOR NEW SERVICE, SERVICE UPGRADE, CHANGE OR RELOCATION

	APPLICAN	T & OWNER IN	FORMATION			
Application is for:	□New Service L	□New Service Line Extension		□Relocation of Existing Facilities		
	□Upgrade of se	rvice capacity		Other Service (Change	
Last Name:	F	First Name:		M	l:	
DOB:	SSN:					
Mailing Address:			City:			
State: Zip:	Email:					
Applicant Phone(s):						
Are you married or in a leg If yes, please provide the the Spouse/Legal Partner Full	ollowing: Name:					
Spouse/Legal Partner DOB: Spouse/Legal Partner Phone(s):						
Spouse/Legal Partner Em						
If Business, please provide Business/DBA Name: Tax ID/EIN #: Is this business tax exemp	e the following:					
List all owner(s), partner(s		-				
		(S) by hame.				

Note: A letter of authorization is required to discuss the details of the service with or act upon requests of representatives of the company not listed on this application.

What is your interest in this application for new service, service upgrade, change or relocation?

Property Owner Property Lessee C	Contractor Developer or Builder	□Prospective Buyer
----------------------------------	---------------------------------	--------------------

If you are not the owner of Property Owner Full Name			•		
Property Owner Full Name: Property Owner Mailing Address:					
	Property Owner Phone(s):				
Property Owner E-mail Add					
	SERVICE LO	OCATION	I INFORMATION		
Property Physical Address	(0, 1, 1);				
Property Physical Address Property Code:					
				Township:	
Range: (0000000000000000000000000000000000		
- tangor (
	SERVICE	LOAD IN	NFORMATION		
Note: This information is your electrician for accur	•	tly size t	he transformer for t	his service. Please consult	
Preferred Build:	□Overhead	□Unc	derground		
Load Requirements:	□Single Phase	□Thr	ee Phase-Secondary	Voltage Required:	
Voltage:	□120/240 Volts		□Other:		
Proposed Size of Main Service Entrance Disconnect:			□100 amp	□200 amp	
			□Greater than 200	amp, list size:	
Anticipated Max Load (kVa):			_	
Requested Location for Me	ter:	le	□On structure		

TYPE OF SERVICE INFORMATION

If Service is Permanent, select and list all that apply below (existing or planned):

Permanent: Domestic, small commercial, rural and urban consumers when the use of service both as to amount and permanency can be reasonably assured. Electric meter supply electric power to one of the following: all trailer and mobile homes placed on a permanent foundation with the wheels, axles and tongue arrangements removed, water wells, a building fully enclosed with a minimum of 400 square feet of floor space, with a permanent foundation and roof, any barn or shop not fully enclosed with over 800 square feet of floor space and with a permanent foundation affixed to the earth. Contract term is five years continuous billing.

□Home, square footage □Mar	nufactured/Mobile Home, squa	re footage
□Shop, square footage □Bar	n, square footage	□Water Well-pump HP
Other (describe, with square footage)		
Type of Use: Primary Residence We	ekend/Vacation Home □Sea	sonal Home
□Rental/Lease Home □Prin	nary Business	ation/Stock Water
□Other, please describe:		
Stage of Construction:	□Planning Stage	□Foundation Poured
Under Roof Completed	□Water Well Permitt	ed 🛛 Water Well Drilled
Do you need temporary power during const	ruction? □Yes	□No
Electric Heating Yes No If Yes,	select type – size (tons):	
Central with Electric Furnace	Central with Gas Furnace	☐Air Source Heat Pump
Ground Source Heat Pump	□Space Heater □Othe	er
Electric Cooling Yes No If Yes,	select type – size (tons):	
Central with Electric Furnace	Central with Gas Furnace	□Air Source Heat Pump
Ground Source Heat Pump	□Window Unit	□Other
Electric Water Heater Tank, gallo	ns □Tankless, K	ί₩:
\Box Swimming Pool, heated? \Box Yes	□No □Hot Tub	
Shop Equipment (ex: welding, compress	or), please list:	
Indoor Large Appliances (ex: clothes was	sher/dryer, dishwasher, refrige	rator/freezer), please list:
Other large electrical systems or appliance	ces:	

If Service is not Permanent, please select from the following:

Up and Down: All mobile or portable, such as carnivals, concession stands, construction sites, facilities, or projects of a known temporary nature. Contract term is a minimum of one month, not more than 12 months.

Description: _____

Temporary: Individual mobile homes and recreation vehicles or to installation for commercial enterprises of a speculative nature and any other type of installation where the amount of use and the permanency of service cannot, in the opinion of the Cooperative, be reasonably assured. Contract term is a minimum of one month, not more than 12 months.

Description:

RATE, SERVICES AND REQUIREMENTS INFORMATION

Please select the applic	cable Rate Schedule for the type	e of service:		
Residential	Residential Small Commercial (requires less than 50 kVa transformer)			
□Irrigation (less than 5	50 HP)			
Large Power (require	es 50 kva or larger transformer (OR Irrigation pur	np 50 HP or higher)	
Are you interested in a	time of use rate schedule?	□Yes	□No	
Please check to design	nate if you are interested in these	e services provid	ed by Sierra Electric Co	operative, Inc.:
□Auto Pay	□SmartHub Online Acco	ount Access		
□Operation Ro	ound Up (donation to Scholarshi	p Fund)		
□Paperless Bil	Iling Budget Payment Plan	□Sc	olar/Net Meter Interconn	ection
Are you installing new e	electrical systems or appliances	that may qualify	for a rebate from the Si	erra Electric
Cooperative, Inc. Energy	gy Efficiency Product Rebate pro	ogram? □Ye	es ⊡No	

For application to be complete, we require the following additional documents provided to Sierra Elec	tric
Cooperative, Inc.:	

□ Property Warranty Deed

Property Tax Statement with Legal Description

County 9-11 Address Assignment (if an occupied building will be on property receiving service)

Property Plat Map with Easements

Detailed description/drawing of desired meter location on property

□ Applicant Photo ID.

Please list the name and phone number of your electrician:

Do you authorize Sierra Electric Cooperative, Inc. contacting the electrician directly with any questions related

to your application?

Please note that by submitting this application, you are authorizing Sierra Electric Cooperative, Inc. to invoice you for the applicable estimate fee. If estimate fee is not paid within 30 days of invoice date, your application will be discarded, and request will be cancelled.

By signing this application, you agree that it is your responsibility to read and adhere to Sierra Electric Cooperative, Inc.'s line extension policy.

Applicant Signature: _____

Date: _____