

Hardwick Electric Department
PO Box 516
Hardwick, Vermont 05843
(802) 472-5201 - (802) 472-3388
Fax (802) 472-6769

Check One:

☐ **SERVICE UPGRADE**

☐ **SERVICE RELOCATION**

Initiating the process for service upgrade or service relocation begins with your payment of a non-refundable \$250 application fee and a written request for our services from you. The \$250 fee is for our designer to execute a site evaluation with you or your contractor, and to calculate a cost estimate for your project. During the site evaluation our designer will also advise as to what work HED will be responsible for, as well as what work you or your contractor are responsible for.

Customer Name (Please Print) _____

Customer Drivers License # _____ Date of Birth _____

Joint Customer (Please Print) _____

Joint Customer Drivers License # _____ Date of Birth _____

Customer Current Address (Print) _____

Customer Current Telephone # (H) _____ (W) _____

(C) _____

Email Address: _____

IF BILLING ADDRESS IS DIFFERENT THAN SERVICE ADDRESS, PLEASE GIVE ADDRESS

Street or P.O. Box _____

Town & State _____ Zip _____

Please answer these questions:

Are you the owner of the property that you are requesting service for?

YES []

NO []

If No, please provide the owners name, address and phone number. (HED will require written permission from the owner to provide perform work at the property.)

1. Location of Property
 - a. Name of Town/Village: _____
 - b. Name of Road: _____
 - c. 911 address: _____

2. Type of Service: (Check One)
 - a. Residential ☐ (Main Residence – live at property full time for more than 7 months out of the year)
 - b. Residential ☐ (Seasonal - Live at property less than 7 months out of year)
 - c. Commercial ☐
 - d. Industrial ☐
 - e. Farm ☐
 - f. Rental ☐

3. Size of CURRENT Service (Check One)
 - a. 60 Amps _____
 - b. 100 Amps _____
 - c. 200 Amps _____
 - d. Other Amps _____

4. Voltage (Check One)
 - a. 120/240V - 3 wire ☐ (Standard Residential)
 - b. 120/208Y - 4 wire ☐
 - c. 120/240V - 4 wire ☐
 - d. 277/480Y - 4 wire ☐
 - e. 240/480 - 3 wire ☐

5. Size of Service UPGRADE (Check One if applicable)
 - a. 100 Amps _____
 - b. 200 Amps _____
 - c. Other Amps _____

6. Home Industry YES ☐ NO ☐
If yes, type _____

7. Location of Current Service and Meter: (Check One)

- a. Aerial (overhead) service with meter on house []
- b. Underground service with meter on the pole / pedestal []
- c. Underground service with meter on house []

Note: 1) Aerial service – maximum distance 100' from pole to house,
services over 100' may require additional poles. Total maximum
distance 200' from service transformer to the house / business.

NOTICE

PURSUANT TO SECTION 1704 OF THE CHARTER OF THE TOWN OF HARDWICK AND NO. 192 OF THE ACTS OF 1898, CHARGES FOR ELECTRIC SERVICE ARE A LIEN UPON REAL ESTATE IN THE SAME MANNER TO AND THE SAME EFFECT AS TAXES ARE A LIEN UPON REAL ESTATE UNDER 32 V.S.A. 5061.

PROPERTY OWNERS AND TENANTS ARE ADVISED THAT CHARGES FOR ELECTRIC SERVICE ARE A LIEN UPON REAL ESTATE REGARDLESS OF WHETHER THE PROPERTY OWNERS OR THE TENANT PAYS FOR ELECTRIC SERVICE.

BEFORE CHARGES FOR ELECTRIC SERVICE ARE BILLED TO A TENANT THE PROPERTY OWNER MUST COMPLETE A FORM AUTHORIZING THE HARDWICK ELECTRIC DEPARTMENT TO BILL THE TENANT FOR ELECTRIC SERVICE.

I / we, hereby apply for a Service Upgrade/Relocation from the Town of Hardwick Electric Department where said lines service my premise. (The Town of Hardwick Electric Department reserves the right to approve or disapprove any proposed service upgrade.) I or we understand that by signing this application I agree to pay the total cost of providing the service upgrade.

I/WE HEREBY APPLY FOR ELECTRIC SERVICE, TO BE FURNISHED IN ACCORDANCE WITH THE HARDWICK ELECTRIC DEPARTMENT'S APPLICABLE RULES AND REGULATIONS AS FILED WITH AND APPROVED BY THE VERMONT PUBLIC SERVICE BOARD AND ARE AVAILABLE FOR REVIEW AT THE HED OFFICE AT 123 NORTH MAIN STREET, HARDWICK, VERMONT. I/WE AGREE TO PAY FOR SUCH ELECTRIC SERVICE IN ACCORDANCE WITH THE DEPARTMENT'S APPLICABLE RATE SCHEDULES.

CUSTOMER SIGNATURE: _____ DATE: _____

JOINT CUSTOMER SIGNATURE: _____ DATE: _____