Electric and/or Natural Gas Service Change Request

Return Instructions: Submit your completed application:
E-mail: co-non-design-central@we-energies.com
Mail: We Energies Central Group, P.O. Box 2046, Milwaukee, WI 53201
Fax: 262-574-6401 or 800-632-1460
Questions: Visit we-energies.com or call 866-423-0364

Change Request (Check all that apply)

Electric
☐ Service Rewire / Upgrade
☐ Service Relocation
☐ Meter Change(s) or Addition(s)
Estimated date required __ / __ / ___

Natural Gas
☐ Service Relocation
☐ Change in Delivery Pressure
☐ Meter Change(s) or Addition(s)
Estimated date required __ / __ / ___

Site Information

Address/Fire Number: ___________________________ Street: ___________________________
Second Address (If two-unit dwelling): ___________________________
☐ City / ☐ Town / ☐ Village (enter taxing municipality): ___________________________ State: ___________ ZIP: ___________
County: ___________________________ Business Type (i.e., retail, factory, etc.): ___________________________
Building Type: ☐ Residential ☐ Commercial ☐ Multi-family ☐ Industrial ☐ Other ______________

Owner Information

Name: ___________________________ E-mail: ___________________________
Phone: (_______) ___________________________ Fax: (_______)
Mailing Address: ___________________________
City: ___________ State: ___________ ZIP: ___________ Preferred Contact Method: ☐ Phone ☐ E-mail

Responsible Party

Who is responsible for electric project costs? ☐ Owner ☐ Electrical Contractor ☐ Builder
Who is responsible for natural gas project costs? ☐ Owner ☐ Natural Gas Contractor ☐ Builder

Location of Customer-Owned Facilities and Natural Obstacles

For any of the above or underground facilities or obstacles on your property, check the appropriate box(es) below and mark them on your plat of survey, site plan or sketch details.

☐ Well ☐ Outdoor Lighting ☐ Sewer Lateral ☐ Private Electric ☐ Underground Tank/Fuel Lines
☐ Septic ☐ Steep Hill ☐ Sprinkler System ☐ Drain Tiles/Downspouts ☐ Customer-Owned Cable
☐ Trees ☐ Retaining Wall ☐ Wetlands/Creeks ☐ Sump Pump Discharge ☐ Other ______________

Note: We Energies and/or its agents are not responsible for damage to your facilities that are not properly marked before our work begins.

For Office Use Only

Rec’d Date ___________________________ Scanned ______________
Gas WR # ___________________________ Electric WR # ___________________________
Gas Copy to ___________________________ Electric copy to ___________________________
Town Code ___________ AMR ☐ Y ☐ N

Form 4158 Lot #705-8366
Complete this page for electric changes

Electric Project Details (Check all that apply)

- Outlet location letter needed by: _____/_____/_____

Service Rewire / Upgrade

<table>
<thead>
<tr>
<th>Existing Electric Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Type:</td>
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<tr>
<td>Service Size:</td>
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<td>Service Voltage:</td>
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<table>
<thead>
<tr>
<th>New Electric Service</th>
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<tbody>
<tr>
<td>Service Type:</td>
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<tr>
<td>Service Size:</td>
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<tr>
<td>Service Voltage:</td>
</tr>
</tbody>
</table>

Equipment:
- Air Conditioner: __________ Tons
- Space Heating: __________ kW
- Hydraulic Elevator: __________ kW
- Welder: __________ kW
- Electric Water Heating: __________ kW
- Industrial Furnace: __________ kW
- Geothermal: __________ Tons
- Other Major Equipment: __________ kW

For commercial rewires, please fill in the electrical equipment specifications below:

<table>
<thead>
<tr>
<th>Connected Load*</th>
<th>Power __________ kW</th>
<th>Estimated Peak Demand __________ kW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lighting __________ kW</td>
<td>Estimated Future Peak Demand __________ kW</td>
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<tr>
<td>Total __________ kW</td>
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</tbody>
</table>

Motors:
- Largest Motor Size: __________ HP
- Frequency of Start: __________
- Inrush: __________
- Motor Application: __________
- Will more than one motor start at a time? Yes □ No □

Note: If rewiring from overhead to underground, please provide a sketch (see last page) or certified plat of survey illustrating the location of any privately-owned underground facilities, and the location of any deck, pool, landscaping, sidewalks or driveways which may obstruct the service path.

Service Relocation

Reason for relocation: ____________________________

<table>
<thead>
<tr>
<th>Existing meter location:</th>
<th>______ feet _______ of _________ corner (e.g. 3 feet S of NW corner)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested meter location:</td>
<td>______ feet _______ of _________ corner (e.g. 3 feet S of NW corner)</td>
</tr>
</tbody>
</table>

Is a temporary service required? Yes □ No □

Note: Provide a sketch (see last page) or certified plat of survey indicating existing and requested meter location.

Meter Change(s) or Addition(s)

- Install _____ additional meter(s)
- Change use on existing meter(s)
- Change use on existing meter(s)
- Change equipment
- Consolidate use

Address/Unit # ____________________________________________

Note: Separate addresses are required for each meter requested and should be listed on a separate sheet including the way addresses will be designated (A-Z, 1-10, etc.).

Electric Contractor/Builder Information

Company Name: __________________________________________
Company Phone: (_______) ____________________________
Contact Name: _________________________________________
Contact Phone: (_______) ____________________________
E-mail: ______________________________________________
Fax: (_______) ____________________________
Address: ____________________________________________
City: ____________________________ State: _______ ZIP: ____________ Preferred Contact Method: □ Phone □ E-mail
Complete this page for Natural Gas Changes

Natural Gas Project Details (Check all that apply)

- Service Relocation
  - Reason for relocation: ____________________________________________________________
  - Existing meter location: _____feet_________ of _________corner (e.g. 3 feet S of NW corner)
  - Requested meter location: _____feet_________ of _________corner (e.g. 3 feet S of NW corner)
  - Note: Provide a sketch (see last page) or certified plat of survey indicating existing and requested meter location.

- Change in Delivery Pressure
  - Existing pressure:  
    - Standard - 7” WC
    - Elevated - 2 psig
    - Other _____psig
  - Requested pressure:  
    - Standard - 7” WC
    - Elevated - 2 psig
    - Other _____psig
  - Note: Requests for delivery pressure greater than 2 psig requires submittal of final design calculations. See National Fuel Gas Code (2002 or later) for suggested format.

- Meter Change(s) or Additions(s)
  - Install _______ additional meter(s)
  - Remove meter(s)  
    - (For multiple meters, see Note below.)
    - Address/Unit # __________
    - Meter # __________
  - Change use on existing meter(s)
  - Change equipment
  - Consolidate use
  - Note: Separate addresses are required for each meter requested and should be listed on a separate sheet including the way addresses will be designated (A-Z, 1-10, etc.). A pipe trace is required to ensure each meter is serving the correct unit. There is no charge for the initial trace; if additional traces are required, the responsible party will be charged the actual time for the additional visit(s).

If any of the above projects require a change in natural gas use, please complete the following:

Existing Natural Gas Equipment Specifications:

<table>
<thead>
<tr>
<th>Type</th>
<th>Quantity</th>
<th>BTUs</th>
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</table>

List any additional equipment on a separate sheet in the same format.

Natural Gas Contractor/Builder Information

- Company Name: ____________________________  Company Phone: (__________) ____________________________
- Contact Name: ____________________________  Contact Phone: (__________) ____________________________
- E-mail: __________________________________  Fax: (__________) ____________________________
- Address: __________________________________
- City: ____________________________  State: _________  ZIP: ____________  Preferred Contact Method: [ ] Phone  [ ] E-mail
Environmental Information for the Site

If the answer to any of the following questions is yes, we require a copy of your environmental permits, reports or sampling data before construction begins:

- Are there wetlands, waterways, or ground waters? □ Yes □ No □ Unknown
- Are there threatened or endangered species? □ Yes □ No □ Unknown
- Are there cultural or historical resources? □ Yes □ No □ Unknown
- Are you aware of any hazardous spills or materials? □ Yes □ No □ Unknown

Note: If any of the above are discovered during construction, crew activity will stop and we will notify you of subsequent action. This may result in delays in scheduled construction and/or additional costs.

Authorization

I certify that I own or am the authorized representative of the person(s) who owns the property indicated in this application. I certify the information provided is accurate and will promptly inform We Energies of any plan revisions. If installation requirements differ from what is submitted on this application, I understand these changes may result in delays and/or increased cost to me.

Signature: __________________________________________ Date: __________/________/________
Printed Name: __________________________________________

Surface Restoration

After our construction activity is complete, we will replace the excavated soil and mound the affected area. Please review our restoration practices before submitting your application. This will help you better understand what to expect with surface restoration.

Visit www.we-energies.com/surfacerestoration to learn more.

Sketch Details

If you are requesting a natural gas relocation, an electric relocation, or an electric underground service rewire, please sketch the building site in the space below providing the following information:

- Dimension of building
- Any building additions and dimensions
- Planned future decks, pools, etc.
- Indicate existing service line and meter location
- Note any private underground facilities
- Indicate requested service line and meter location

We value you as a customer and look forward to working with you.