



CHICOPEE ELECTRIC LIGHT - Service & Meter Location Form

STK#
10-01000

Service Address: _____

Property Owner: _____ Tel. No.: _____

Property Owner Address: _____

Service Type: Residential Commercial Industrial Heat Source: Electric Other

Service Size & Voltage: _____ Temporary Permanent

No. & Size of Conductors: _____ Overhead Underground

No. of Meters: Existing _____ Proposed _____ Requested Date: _____

MEC CMR 527 requires a licensed electrician perform all work and secure all inspections under Mass General Law 143. Service will not be connected until all inspections are performed and CEL has received approval notice from City Wiring Inspector. CEL will not make permanent connections until all the above provisions have been satisfied.

Elect. Contractor's Name (print): _____ License No.: _____

Address: _____ Tel. No.: _____

Electrician's Contact Name: _____ Date: _____

City Inspector's Permit No.: _____ Issue Date: _____

Comments: _____

DO NOT WRITE BELOW THIS LINE

Service Work Type: New Change Addition Old Service location: Indoor Outdoor

Located By: _____ Date: _____ New Service location: Indoor Outdoor

Meter No(s). Installed: _____

Remarks , Comments & Special Instructions: _____

Wiring Inspector's Approval Date: _____ Completion Date: _____