



CHICOPEE ELECTRIC LIGHT - Service & Meter Location Form

Service Address: _____

Property Owner: _____ Telephone No.: _____

Property Owner Address: _____

Service Type: *Residential* *Commercial* *Industrial* Heat Source: *Electric* *Other*

Service Size & Voltage: _____ Temporary Permanent

No. & Size of Service _____ Overhead Underground

Conductors: No. Of Meters: _____ *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 the 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: _____ Telephone No.: _____

Electricians Contact Name: _____ Date: _____

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

Comments: _____

NOTE - If CEL needs to respond to power quality issues (partial power, flickering lights, etc.) at the above address as a result of temporary connections, service fees will apply - \$55.00 during normal business hours / \$175.00 after hours

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: _____