Load Shape Data Information

Temp power responsible party

**Legal Entity Name:**

**Address, City, Zip code:**

**Tax ID: DUNS#**

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Service Address Information

What is the purpose of the facility?

What are the days of operation**?**

What are the hours of operation?

What is the square footage? (if site substitution or site expansion enter Before/After**)**

What is the type of meter for this ESI? (IDR/Non IDR)

What is the estimated annual KW?

What is the estimated peak KW?

Is there another ESI/Meter on the account that has comparable size, usage, and purpose?

(If so, please list that ESI)

How many A/C units

What is the A/C Tonnage?

What types of special equipment/machines? (480V large HP, Elevators, Escalators, Electrostatic tools)

What is the horse power of the special equipment/machines at the ESI?

What is the date you would like power to start?

What is the permanent power expected date? (if different from start date)

List any additional energy sources other than electricity that will be used at the ESI. (any natural gas load?)

Special request or instructions: