



205 North Walnut Street
P. O. Box 9
Murfreesboro, TN 37133-0009
Office: 615-893-5514
Fax: 615-898-6736

Return To: _____

COMMERCIAL AND INDUSTRIAL LOAD FORM

Business Name: _____ Date: _____

Address: _____

Customer's Name: _____ Phone #: _____

Electrician: _____ Phone #: _____

TO BE APPROVED BY MED ENGINEERING

Voltage _____ volts Phase _____ 1Ø or _____ 3Ø _____ Wye or _____ Delta
_____ Overhead or _____ Underground

CONNECTED LOAD

Size of Service Entrance _____ amps.

Estimated Demand (kW) _____ Connected Load(kW) _____

SINGLE PHASE

Lighting _____

Heating (kW) _____ Heat Pump (Ton each) _____

Air Conditioning (Ton each) _____ Water Heater (kW) _____

Cooking (kW) _____ Refrigeration _____

Welders (Amps each) _____

Motors (H.P. each) (AC or DC) _____

Miscellaneous _____

THREE PHASE

Heating (kW) _____ Heat Pump (Ton each) _____

Air Conditioning (Ton each) _____ Water Heater (kW) _____

Cooking (kW) _____ Refrigeration _____

Welders (Amps each) _____

Motors (H.P. each) (AC or DC) _____

SCR Controls _____

Miscellaneous _____

Planned Additional Load _____ See Attached Sheet _____

*****Below To Be Filled Out By MED Engineering*****

APPROVAL

MED Engineer _____ Signed By _____

Has service location been approved? _____ Yes _____ No

Transformer Size: _____ In Stock? _____ Yes _____ No

Deposit Amount: _____

Contract? _____ Yes _____ No Contract Demand(kW) _____