APPLICATON FOR ELECTRIC METER INSTALLATION

Questions or comments: (702) 402-8400

Fax your completed application to: (702) 402-0302 OR Email your completed application to: metersets@nvenergy.com

PLEASE BE ADVISED, FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION MAY RESULT IN DELAYS TO RELEASE YOUR REQUEST TO SET A METER.

Billing Information:

Date: ___/_____/_____

***Customer #_____** ***Account Name: _____**

***Mailing Address:_____City_____St_____Zip_____**

New to NV Energy? Residential: SS# or DL#/State:_____

Business: Federal Tax ID# or *Business License #: _____

(*A copy of your business license must be received within 10 business days of this application)

Service Information:

******Information below must be specific to all addresses on this application, otherwise, please complete a separate application******

Service Type: ☐ ***Residential -** _____ (please indicate: House, Apartment, Condo)
☐ ***Commercial-**_____ (please describe commercial type ie; gate, streetlight, retail stores, etc.)
☐ **Temp Pole** ☐ **Down and Out**

Service Feed: ☐ **Underground** ☐ **Overhead**

***Voltage:** ☐ **120/208** ☐ **120/240** ☐ **277/480**

***Phase:** ☐ **Single** ☐ **Three**

***Breaker Size:** _____ **(Amps)**

Commercial Service Only:

Square Footage:_____ Days/Hours of Operation:_____ ☐ Air Conditioning _____ ☐ Evaporative Cooling

Note: Please be advised that a deposit will be required for all new commercial accounts. Your deposit may be waived with current/prior excellent credit in the same business name, an irrevocable letter of credit, current excellent credit report from Dunn & Bradstreet, or a surety bond (if required deposit is over $5,000). This deposit will be billed to you on the first billing after your meter has been set.

(Only provide these dates if the panel is hot and glassed and you know that you have had electric inspection)

Hot and Glassed Date:_____/_____/_____ Etag #: _____ Etag Date: _____/_____/_____

Project Information: **Subdivision Name;_____NPC Project ID:_____**

Special Access Requirements; (gate code, key, etc. etc.) _____

Cross Streets acceptable-**directions to job site entrance preferred***:

_____

_____

*Contact Information:

Name: _____

Phone#:_____ Fax: _____

Service Address information:

Please attach agency approved address list. Complete one application per project.

*Address	Building#	*Apt#	Suite#	Lot #