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**NON-RESIDENTIAL REQUEST FOR  
 NEW/UPGRADE ELECTRIC SERVICE  
 FORM B  
 (MUST BE ACCOMPANIED BY FORM A)**

DATE:	ESID#
Account Rep:	

**CUSTOMER INFORMATION**  Same as Form A

Name \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_ Company Name \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

**ELECTRIC SERVICE INFORMATION**

**Load Classification**

- Manufacturing       Restaurant       Office       Warehouse  
 Light Manufacturing       Retail/Store       Medical       Other \_\_\_\_\_

**LOAD DETAILS (Attach other sheets as needed)**

Load	Quantity	KW or HP (specify)	Total KW or HP (specify)