

HLPD SERVICE REQUEST FORM

(Required for all work upstream of and including the Main Breaker and/or impacting load by 10% or more)

HUDSON LIGHT & POWER DEPARTMENT
49 FOREST AVENUE, HUDSON MA 01749
PH: 978-568-8736 FAX: 978-562-1389
WWW.HUDSONLIGHT.COM

HLPD SR#: _____

DATE: _____

ELECTRICIAN INFORMATION:

NAME: _____
COMPANY: _____ LICENSE #: _____
ADDRESS: _____
PHONE: _____ FAX: _____

PROJECT INFORMATION:

PROJECT ADDRESS: _____
DESCRIPTION OF WORK: _____

DATE WHEN SERVICE IS REQUIRED: _____

NOTICE: ALL NON-CT RATED METERS (INCLUDING TEMPORARY SERVICES) MUST HAVE **MANUAL BYPASS!**
3-PHASE SERVICES GREATER THAN 200 AMPS AND 1-PHASE SERVICES GREATER THAN 400 AMPS REQUIRE
CT RATED METERS. CALL HLPD METERING DEPARTMENT FOR SPECIFICATIONS.

SERVICE AT PROJECT COMPLETION:	QUANTITY	AMPS
1-PHASE 3-WIRE 120/240V	_____	_____
3-PHASE 4-WIRE 120/208V	_____	_____
3 PHASE 4-WIRE 277/480V	_____	_____
3 PHASE 3-WIRE 240V (FOUR WIRES MUST BE INSTALLED)	_____	_____
3 PHASE 3 WIRE 480V (FOUR WIRES MUST BE INSTALLED)	_____	_____
TOTAL CONNECTED LOAD:	_____	_____

CHECK ALL THAT APPLY BELOW:

CUSTOMER TYPE:	RESIDENTIAL	COMMERCIAL	INDUSTRIAL		
BUILDING TYPE:	SINGLE-FAMILY	MULTI-UNIT	COMMERCIAL	RETAIL	
	OFFICE	FACTORY			
PROJECT TYPE:	NEW	UPGRADE	TEMPORARY	RELOCATE	REMOVE
DOES THE POINT OF ATTACHMENT CHANGE?	YES	NO	_____		
TYPE OF SERVICE:	OVERHEAD	UNDERGROUND	_____		
CUSTOMER-OWNED TRANSFORMER?	YES	NO	_____		
PRIMARY METERING?	YES	NO	_____		
ADDING NEW LOAD? IF YES, AMPS:	YES	NO	_____		
IF TEMPORARY SERVICE, LIST TOTAL AMPS:			_____		

PROPERTY OWNER INFORMATION:

NAME: _____
ADDRESS: _____
PHONE: _____

WARNING: METER MUST BE INSTALLED AT LOCATION SHOWN BELOW. HLPD SHALL NOT BE RESPONSIBLE FOR
WIRING AND/OR INSTALLATION MISTAKES. PLEASE REQUEST HLPD REQUIREMENTS PRIOR TO STARTING THE
INSTALLATION WORK AND ALLOW 3 BUSINESS DAYS FOR APPROVAL.

NOTE: FOR WORK REQUIRING A METER RE-INSTALLATION, CALL HLPD STATING YOU REQUIRE A METER RE-
INSTALLATION WITH AT LEAST 30 MINUTES ADVANCED NOTICE.

SIGNATURES (ELECTRICIAN OR PROPERTY OWNER) _____

FOR HLPD USE ONLY: APPROVED METER LOCATION ON STRUCTURE: _____

HLPD REP SIGNATURE: _____

INSTRUCTION TO ELECTRICIANS:

TO RECEIVE AN SR#, PLEASE COMPLETE THE ABOVE FORM AND DELIVER IT TO THE HUDSON LIGHT AND POWER DEPARTMENT, 49 FOREST AVENUE, HUDSON MA.

IF YOU CHOOSE TO FAX (978-562-1389) OR EMAIL (INFO@HUDSONLIGHT.COM) THE FORM, PLEASE CALL THE OFFICE AT 978-568-8736 TO NOTIFY US OF YOUR INTENTION SO THAT WE MAY RESPOND IN A TIMELY MANNER. THE OFFICE IS OPEN MONDAYS THROUGH FRIDAYS (HOLIDAYS EXCLUDED) FROM 8 AM TO 4:30 PM.

SERVICE INSPECTION APPROVALS DO NOT AUTOMATICALLY RESULT IN METER INSTALLATIONS WHEN PAPERWORK AND OTHER REQUIREMENTS OF THE CUSTOMER OR RECORD ARE STILL PENDING.