



PO Box 227 - Medicine Lake, Montana 59247-0227 - Phone: 406-789-2231 - Fax: 406-789-2234

Work Requested: New service Upgrade service Move service or line Type of Service: Residential Commercial Irrigation Oil Well Grain Dryers Other Requesting Party Information: Name (First, Last) Company Name Preferred phone number Email Address: Billing Information: Is this service for an existing S.E.C. member? Yes No Name (First, Last, M.I.) Phone numbers: H C Mailing Address City State Zip code Project Information: ServiceDescription (house, shop) Physical Address County City State Zip code Lot# Legal Description (Township, Range,Section): Legal Description (Township, Range,Section):		<u>Requ</u>	uest for S	<u>ervice</u> d	oate:	
Other	Work Requested:	New service	Upgrade service		Move service or line	
Requesting Party Information: Name (First, Last)	Type of Service:	Residential	Commercial	Irrigation	Oil Well	Grain Dryers
Name (First, Last)		Other				
Company Name Alternate number Alternate number Email Address: Billing Information: Is this service for an existing S.E.C. member? Yes No Name (First, Last, M.I.) Phone numbers: H C W Mailing Address City State Zip code State Zip code Project Information: ServiceDescription (house, shop) Physical Address County City State Zip code Lot# Legal Description (Township, Range, Section): Legal Description (Township, Range, Section):	Requesting Party	/ Information:				
Preferred phone number Alternate number Billing Information: Is this service for an existing S.E.C. member? Yes No Name (First, Last, M.I.) Phone numbers: H C W Mailing Address Zip code State Zip code Project Information: ServiceDescription (house, shop) Physical Address County City State Zip code State Zip code Lot# Legal Description (Township, Range,Section): Lot# Legal Description (Township, Range,Section):	Name (First, La	st)				
Billing Information: Is this service for an existing S.E.C. member? Yes No Name (First, Last, M.I.)	Company Nar	ne				
Billing Information: Is this service for an existing S.E.C. member? Yes No Name (First, Last, M.I.)	Preferred phon	e number		Alternate num	ber	
Is this service for an existing S.E.C. member? Yes No Name (First, Last, M.I.)	Email Address:					
Is this service for an existing S.E.C. member? Yes No Name (First, Last, M.I.)	Billing Information	on:				
Name (First, Last, M.I.) Phone numbers: H C W	_		member? Yes	No		
Phone numbers: H C W Mailing Address State Zip code Project Information: ServiceDescription (house, shop) Physical Address City State Zip code Subdivision Name Lot# Legal Description (Township, Range,Section):		C				
Mailing Address City State Zip code Project Information: ServiceDescription (house, shop) Physical Address County City State Zip code Subdivision Name Lot# Legal Description (Township, Range, Section):						
City State Zip code Project Information: ServiceDescription (house, shop) Physical Address County City State Zip code Subdivision Name Lot# Legal Description (Township, Range,Section):						
Project Information: ServiceDescription (house, shop) Physical Address County City State Zip code Subdivision Name Lot# Legal Description (Township, Range, Section):	_					
ServiceDescription (house, shop) Physical Address County City State Zip code Subdivision Name Lot# Legal Description (Township, Range,Section):	City		State	Zip	code	
Physical AddressCityStateZip code Subdivision NameLot# Legal Description (Township, Range, Section):	Project Informat	ion:				
Physical AddressCityStateZip code Subdivision NameLot# Legal Description (Township, Range, Section):						
CountyCityStateZip code Subdivision NameLot# Legal Description (Township, Range, Section):	ServiceDescript	On (house, shop)_				
Subdivision NameLot#Lot#Lot#Lot#	Physical Addre	ss				
Legal Description (Township, Range, Section):	County	City		State	Zip code _	
	Subdivision Nar	ne			Lot#	
	Legal Description	on (Township, Rar	nge,Section): _			
Nearest County Intersection:	Nearest County	Intersection:				

Please fill out the following information to help us better process your request.

(Note: SEC provides the meter loops for all standard services)

Residential & General Service	<u>ce</u>			
Building/home size	sq. ft Electric heat? Yes No			
Service amperage	amps			
Estimated distance from exi	isting primary power			
Electrician's Name				
Commercial, Oil & Irrigation	<u>1</u>			
Project Name	Single Phase	Three Phase		
	isting primary power			
Electric Panel Size	amps Requested Voltage			
List all motors/pumps include	ding horsepower that will be associated with th	nis site.		
Motor/pump #1 (name) _	horsepower	hp		
Motor/pump #1 (name) _	horsepower	hp		
Motor/pump #1 (name) _	horsepower	hp		
Auxiliary (heat tape)	horsepower	hp		
	Total horsepower	HP		
*Three phase motors larger th dip. Sheridan Electric Coopera approved by SEC engineering) **Large projects such as subdivi	isions, man camps and commercial services over 50kv	nd voltage Unless v, may require		
an engineeringfee which must refundable, and willbe credited department for more informat	be paid to Sheridan Electric prior to any design world toward the total project cost. Please contact the SE ion.	k.Thisfee is non EC engineering		
Signature:	Date:			
	to serve you! A Sheridan Electric represersion as possible to discuss your request.	ntative		
	-For Office Use Only-			
Date Received:	Received by:			
Account #	Service Order #			