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Load Data Sheet

(All information must be provided.)

Project Information

Customer's Name: _____	Owner's Name: _____
Nature of Business: _____	Address: _____
Location: _____	_____
_____	_____
Voltage Requested: _____	Home Phone: _____
Date Temp Service Needed: _____	Work Phone: _____
Date Perm Service Needed: _____	Mobile Number: _____
Square Footage Conditioned: _____	Fax Number: _____
Total Square Footage: _____	

Service Entrance Information

Service Type (Phases): _____
 Phase Conductor Size: _____
 Number of Conductors per Phase: _____
 Neutral Conductor Size: _____

Information Provided By

Name: _____	Project Contact: _____
Address: _____	Telephone Number: _____

Signature: _____	Date: _____

Load Estimates (check one)

<input type="checkbox"/> New Construction	<input type="checkbox"/> Renovation
<input type="checkbox"/> Single Phase	<input type="checkbox"/> Three Phase

Existing Load (kW)
 (If renovation) _____ _____

Connected/Added (kW)

	Single Phase	Three Phase
Lighting	_____	_____
Air Conditioning	_____	_____
Heating	_____	_____
Water Heating	_____	_____
Cooking	_____	_____
Refrigeration	_____	_____
Receptacles	_____	_____
Miscellaneous	_____	_____
Motor Load	_____	_____

Largest Single Motor (hp) _____
 Any additional information _____

This is not a request for service.