



Application for Upgrade and/or Relocation

***Applicant Information**

Applicant Name: _____ Joint Applicant Name: _____

Phone: _____ Cell Phone: _____

Current Mailing Address: _____

E-mail Address: _____

Applicant is: Present LEC Member Former LEC Member New LEC Member**

***New LEC members must return a completed and signed Member Information Form with this application and establish credit with the cooperative.*

Projects require a NON-REFUNDABLE \$400.00 engineering deposit and field visit prior to preparing a binding project cost. **Please allow 4 business days for application processing.** This deposit is applied towards the cost of the project if completed within 24 months of application. See LEC Policy 302.

Service Upgrade	Service Relocation
Fill out this side if you are adding additional electric load that requires an upgrade of service.	Fill out this side if you are requesting a relocation of LEC facilities on your property.
*Existing Service Type <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase <input type="checkbox"/> 70/100 Amp <input type="checkbox"/> 200 Amp <input type="checkbox"/> 400 Amp <input type="checkbox"/> Other: _____ Amp	*Existing Service Location <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase *Requested Service Relocation <input type="checkbox"/> Underground <input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase
*Requested Service Type Members are advised to consult with an electrician prior to determining service size. Please indicate service size below. <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase <input type="checkbox"/> 200 Amp <input type="checkbox"/> 400 Amp <input type="checkbox"/> 600 Amp <input type="checkbox"/> Other: _____ Amp	Facility to Be Moved (Describe): _____ Desired Facility Location (Describe): _____ Members are advised to consult with an electrician to determine process for relocation of secondary wire, meter base, etc.

***Changes to Electrical Load**

Planned Additional Electrical Load Information	Planned New Heating Type(s)
<input type="checkbox"/> Frame or Log Home Size: _____ <input type="checkbox"/> Multi-Family Home Size: _____ <input type="checkbox"/> Commercial Facility Size: _____ <input type="checkbox"/> Manufactured Home Size: _____ <input type="checkbox"/> Accessory Building Size: _____ <input type="checkbox"/> Other: _____ Size: _____	Electric Furnace <input type="checkbox"/> Primary <input type="checkbox"/> Backup Electric Baseboard <input type="checkbox"/> Primary <input type="checkbox"/> Backup Heat Pump <input type="checkbox"/> Primary <input type="checkbox"/> Backup Fuel Oil <input type="checkbox"/> Primary <input type="checkbox"/> Backup Wood <input type="checkbox"/> Primary <input type="checkbox"/> Backup Propane <input type="checkbox"/> Primary <input type="checkbox"/> Backup

**Indicates Required Fields*



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***Property Information**

Legal Description of Property: _____

Physical Address of Property: _____

Previous or Current LEC Account #: _____

Names on Account: _____

Landowner is: Same as Applicant (Skip Next) Different from Applicant (Complete Next)

Name(s): _____ Phone: _____

Anticipated Additional Load

Additional kW*: _____

**LEC requests this information for design criteria.*

***Contact Information for Field Visit**

Same As Applicant (Skip Next) Different from Applicant (Complete Next)

Name: _____ Phone: _____ Cell: _____

***Other Utilities Located on Parcel** ~ May require coordination at field visit.

Interbel Telephone Glen Lake Irrigation District Other _____

Century Link Ziplly Fiber

Coordination Contacts (Skip If Unknown)

Excavation Contractor: _____ Phone: _____ Cell: _____

Electrical Contractor: _____ Phone: _____ Cell: _____

I verify that:

- I am the stated Applicant or have been authorized by the Applicant to act on their behalf.
- I understand this project will be bound and regulated by LEC's Line Extension Policy 302, a copy of which is available at the LEC office or on their website at www.lincolnelectric.coop.
- A binding project cost will be provided to the applicant after completion of a field visit. I understand that this project cost is good for ninety (90) days. After ninety (90) days the project cost will be updated to reflect the current construction costs. I understand that I will be responsible for the additional Contribution In Aid of Construction (CIAC) costs due if the project cost changes.
- I understand I am responsible for notifying Lincoln Electric of the project status, changes to electrical design, and ensuring my project is completed within 24 months of application. Additional deposit funds may be required for changes.
- **I understand if the project is not completed within 24 months of application, the project will be closed and if there are any remaining Engineering Deposit funds, these funds will be forfeited by the Applicant.**

*Signature: _____ *Date: _____

**Indicates Required Fields*