UTILITY SERVICE INFORMATION FORM

Name(s) of applicant(s): ____________________________
Current mailing address: ____________________________
New service address: ________________________________
Billing address of service: __________________________
Phone Contact: Home ________ Cell ________ Work ________
E-mail address (optional): ____________________________

CUSTOMER TYPE
☐ Home       ☐ Garage       ☐ Farm       ☐ Business __________

ELECTRIC SERVICE
Please indicate desired service: ☐ Overhead       ☐ Underground
Service size (amps): ________  Voltage: ________  Phase (1 or 3): ________
Area light: ☐ Yes       ☐ No  Quantity: ________  Size (watts): ________

WATER SERVICE
Service size (inches): ________  ☐ Yes       ☐ No

WATER SOFTENER SERVICE
Service size (inches): ________

SEWER SERVICE

CONSTRUCTION REQUIREMENTS TO BE COMPLETED

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Required</th>
<th>Completed</th>
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<tbody>
<tr>
<td>Site plan provided (include decks, patios, pools, docks, walls, etc)</td>
<td></td>
<td></td>
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<tr>
<td>Proposed building staked</td>
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<tr>
<td>Proposed service location marked</td>
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<tr>
<td>Locate customer owned underground facilities (fuel line, septic, etc)</td>
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<td></td>
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<tr>
<td>Remove obstructions in construction area (dirt pile, rocks, equipment)</td>
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<tr>
<td>Backfill completed to within 6” of final grade</td>
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<td></td>
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<tr>
<td>Payment of utility service(s)</td>
<td></td>
<td></td>
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<tr>
<td>Wiring affidavit or inspection report provided</td>
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CONTRACTOR CONTACTS
General Contractor
Name: ____________________________
Phone: ____________________________

Electrician
Name: ____________________________
Phone: ____________________________

Plumber
Name: ____________________________
Phone: ____________________________

SKETCH

I hereby apply for electric, water and sewer service (where applicable) for the above new service address until service is ordered to be discontinued. I agree that said services shall be used in conformity with rate rules and regulations on file with the Public Service Commission of Wisconsin or in the office of NHU. I agree to pay for services at the established rates.

Customer Signature: ____________________________
NHU Representative Signature: ____________________________