



ROCHESTER PUBLIC UTILITIES SERVICE APPLICATION

COMMERCIAL

4000 E RIVER RD NE · ROCHESTER, MN 55906-2813

PHONE: (507)292-1232 · FAX: (507)-280-1681 · TOLL FREE: 1-800-778-3421 · NewService@rpu.org

RPU'S RULES AND REGULATIONS BOOK IS AVAILABLE ONLINE AT www.rpu.org/construction-center.php

CUSTOMER INFORMATION

BUSINESS NAME (if Applicable) _____ SUBDIVISION _____

ASSIGNED ADDRESS _____ BLOCK _____ LOT _____
(From Olmsted County)

PARCEL OWNER _____ PHONE _____

BUILDING CONTRACTOR _____ PHONE _____

ELECTRICAL CONTRACTOR _____ PHONE _____

Prior to energization:

- **Within City Limits:** Electrical inspection is required by City of Rochester Building Safety (507) 328-2600.
- **Outside City Limits:** Copy of Minnesota Electric Inspection Permit affidavit must accompany application.
- The address of the location to be supplied with temporary service must be permanently displayed at the location and on the temporary pedestal/meter location and be easily readable from the street before RPU will install the temporary service** RPU Rules & Regulations 501.2

TEMPORARY SERVICE

1-PHASE 3-PHASE OVERHEAD UNDERGROUND AMPS _____ VOLTAGE _____/_____

REMOVE TEMPORARY METER WHEN PERMANENT METER IS SET: Yes No

- \$100 for Account Setup (plus tax)
- Contact Engineering (507)292.1216 for information regarding power availability and accessibility

PERMANENT SERVICE

Following inspection, contact RPU for service connection. **If over 320 AMPS-must submit Complete Load Data Form.**

1-PHASE OVERHEAD PRIMARY AMPS _____ VOLTAGE _____/_____

3-PHASE UNDERGROUND SECONDARY WIRE SIZE _____

CHECK ONE:

- METERED SERVICE - Specify: _____
- NON-METERED SERVICE - Specify: _____

CHECK ALL THAT APPLY:

- AIR SOURCE HEAT PUMP
- GROUND SOURCE HEAT PUMP
- ELECTRIC HEAT (Baseboard, etc)
- FORCED AIR HEAT (Gas)

MAIN SOURCE SUPPLEMENTAL

-
-
-
-

NUMBER OF METERED SERVICES _____

HOUSE METER: YES NO

- ALL METER HUBS MUST BE PERMANENTLY MARKED PRIOR TO INSTALL
- PROVIDE LIST OF UNITS ASSIGNED BY COUNTY (apartments, suites, etc.)

REWIRE OR REPAIR

OVERHEAD UNDERGROUND OVERHEAD TO UNDERGROUND AMPS _____

DISCONNECT DATE: _____ RECONNECT: ASAP after inspection is received

DISCONNECT TIME: _____ (WITHIN 2 HOURS) Will call to schedule

OR

DISCONNECT/RECONNECT - SINGLE TRIP AFTER INSPECTION: DATE: _____ APPROXIMATE TIME: _____

ACCOUNT INFORMATION

Account will be setup in the applicant's name and applicable fees will be applied. A deposit may be required.

NAME: _____ PHONE: _____

BUSINESS NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TAX ID: _____

THE UNDERSIGNED ACKNOWLEDGES THAT THE ABOVE INFORMATION IS CORRECT AND THAT ALL WORK IS DONE IN COMPLIANCE WITH RPU'S ELECTRIC SERVICE RULES AND REGULATIONS. ANY EXCEPTIONS MUST BE PRE-APPROVED.

SIGNATURE _____ DATE _____