

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 (From Olmsted County)	BLOCK LOT
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 401.2	
TEMPORARY SERVICE	
☐ 1-PHASE ☐ 3-PHASE ☐ OVERHEAD ☐ UNDERGROUN	D 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 regar	ding power availability and accessibility
PERMANENT SERVICE	
Following inspection, contact RPU for service connection. If over	er 200 AMPS must submit completed Load Data Sheet.
☐ 1-PHASE ☐ OVERHEAD ☐ PRIMARY	AMPS VOLTAGE/
☐ 3-PHASE ☐ UNDERGROUND ☐ SECONDARY	WIRE SIZE
CHECK ONE: CHECK ALL TH	HAT APPLY: MAIN SOURCE SUPPLEMENTAL
☐ METERED SERVICE - Specify: ☐ AIR SOU	RCE HEAT PUMP
NON-METERED SERVICE - Specify: GROUN	
NUMBER OF METERED SERVICES	
	AIR HEAT (Gas)
ALL METER HUBS MUST BE PERMANENTLY MARKED PRIOR TO INSTALL	
PROVIDE LIST OF UNITS ASSIGNED BY COUNTY (apartments, suites, etc.)	
REWIRE OR RI	
	DERGROUND Contact Engineering SING Contact Engineering AMPS
DISCONNECT DATE:	RECONNECT: \square ASAP after inspection is received
DISCONNECT TIME: (WITHIN 2 HOURS) OR	☐ Will call to schedule
DISCONNECT/RECONNECT - SINGLE TRIP AFTER INSPECTION:	PATE: APPROXIMATE TIME:
ACCOUNT INFORMATION	
Account will be set up in the applicant's name and applicabl	e fees will be applied. A deposit may be required.
NAME:	PHONE:
BUSINESS NAME:	
ADDRESS: CITY:	STATE: ZIP:
TAX ID:	
THE UNDERSIGNED ACKNOWLEDGES THAT THE ABOVE INFORMATION IS CORRECT AN SERVICE RULES AND REGULATIONS. ANY EXCEPTIONS MUST BE PRE-APPROVED. INCO	
SIGNATURE	DATE