



Vermont Electric Cooperative, Inc.
Attn: Engineering
 42 Wescom Road
 Johnson, VT 05656-9717
 www.vermontelectric.coop

Toll Free: 1-800-832-2667
 Telephone: 802-635-2331
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APPLICATION FOR TEMPORARY ELECTRIC SERVICE CONNECTION

Date: _____ W.O.# _____ Account# _____ Name: _____

I, the undersigned, hereby request Vermont Electric Cooperative, Inc., Johnson, Vermont (the Cooperative), to make a temporary electric service connection at:

Street: _____ Town: _____

I understand and agree that the Cooperative will install at the above mentioned premises a meter loop and main disconnect.

I further agree:

- 1) To provide, erect or install an adequate distribution panel and to maintain such a panel in a weatherproof condition.
- 2) To run an adequate, three wire circuit to the distribution panel which shall be sized to the amperage of the main disconnect, as specified above.
- 3) To install a copper ground rod at the distribution panel, such rod will have at least the minimum dimensions of 8 feet in length and 1/2 inch in diameter.
- 4) To install ground fault breakers on all 120-volt circuits going out of the distribution panel.
- 5) To accept full responsibility to examine and inspect daily, prior to use, all electrical tools, extension cords, and equipment.
- 6) To perform all installation in full compliance with the requirements of the National Electric Code of the National Board of Fire Underwriters, together with any state or local electric codes or regulations, where applicable.
- 7) To have and hold the Cooperative harmless from, and to indemnify the Cooperative against any and all claims, actions, or suits for injury, damage, or loss of persons or property however caused, which may arise or be alleged to have arisen in connection with the furnishing of electric service under this agreement.
- 8) To make advance payment for labor and expense of performing the temporary connection and for all material, including salvageable material, when applicable, and as required by the filed tariff of the Cooperative.
- 9) All energy used during the period such temporary service as provided shall be billed at the application rate set forth in the Cooperative's rate schedule to:

Name: _____

Address: _____

✓ Signed: _____ Owner ____ or contractor/electrician ____

Owner/customer name: _____

Telephone: _____ Current address: _____

**** ONLY COMPLETE IF TEMPORARY SERVICE NEEDED ****