



An AEP Company

Electrical Data Load Sheet

An order must be called in to the AEP Customer Solutions Center 800-672-2231

Date: _____

Order #: _____

Service Request Date: _____

Customer Information

Customer Contact: _____ Site Address: _____

Account Name: _____ Business Name: _____

Billing Address: _____

Contact Number: _____ Email: _____

Contractor's Name: _____ Business Name: _____

Contact Number: _____ Email: _____

Electrician's Name: _____ Business Name: _____

Contact Number: _____ Email: _____

Property Owner (Responsible for Signing Easements)

Name & Address: _____

Contact Number: _____ Email: _____

Person Responsible for Signing Contribution In Aid of Construction (CIAC)

Customer Name: _____ Business: _____

Contractor Address: _____

Other Contact Number: _____ Email: _____

Building Data

Type of Project: _____

Square Ft per Unit: _____

of Units: _____

Operating hours/day: _____

Operating days/week: _____

Plans Available: Yes No

Please include PDFs of all electrical plans (site, one-lines, panel schedules)

Please include AutoCad DWGs of a Civil Site plan if New Construction

Please include ATLA survey If relocating or removing existing AEP facilities

Type of Service Requested:

Overhead

Underground

Scope of Project

(Check all that apply)

New Construction

Temporary Service

Upgrade Existing Service

Relocate Facilities

Other: _____

Service Voltage Requested:

120/240 V, 1Ø 3 Wires

240/120 V, 3Ø 4 Wires *

*Overhead Transformers ONLY

208/120 V, 3Ø 4 Wires

480/277 V, 3Ø 4 Wires

Primary Meter

Other: _____

Service Conductors (# and size)

_____ sets of _____ AL / CU

New Connected Load

Heating (kW): _____ Motors (HP) _____

Cooling (kW): _____ (over 5 HP provide LRA) _____

Largest LRA _____ Recepticals (kw) _____

Water Heater (kW) _____ Car Chargers _____

Tankless Other (kW) _____

Lighting (kW) _____ Total Connected (kW) _____

Heating:

All Electric

Propane / Nat Gas

Geothermal

Other: _____

Service Size:

200 Amps

400 Amps

CT Rated* _____ Amps

Other: _____

*Note - All 480V services

must be CT Rated

Comments: _____

Application Completed By: _____ Name _____ Signature _____ Date: _____