Gallatin Department of Electricity

Application for Commercial or Industrial Electrical Service

Account Name: _____ **Federal Tax ID (EIN) #:** _____

DBA (If Applicable): _____ **Business Phone #:** _____

Type of Business: _____

Service Address: _____
Number Street City State Zip Code

Mailing Address (If different than above) _____
Number Street City State Zip Code

Local Contact Name: _____ Title: _____

Local Contact Phone Number: _____ Email: _____

Date Service To Be Turned On ____/____/____ Days / Hours of Operation _____

Total Square Footage: _____ Primary Use of Facility _____

Corporate Address: _____
(If Applicable) Number Street City State Zip Code

Accounts Payable Contact Name: _____

Accounts Payable Phone Number: _____ Email: _____

Contractor Information (If Applicable)

General Contractor: _____ Electrical Contractor: _____

Contact Name / #: _____ Contact Name / #: _____

Contact Email: _____ Contact Email: _____

Service Information

Projected Peak KW _____

Service Type New _____ Existing _____ **(If NEW or Adding Load complete Information Below)**

Service Size 100 A _____ 200 A _____ 400 A _____ 600 A _____ Other _____

Wire Size _____ Number of Runs _____ **Total Connected KVA** _____

Voltage **Estimated Max KVA** _____

120/240V - 1 Phase/ 3 Wire _____ 120/208V -3 Phase/ 4 Wire _____

277/480V - 3 Phase/ 4 Wire _____ 120/240V - 3 Phase/ 4 Wire _____ **(Must have prior approval from GDE Engineering)**

I/We are requesting electric service at the above address, and as a condition of Gallatin Department of Electricity, hereafter referred to as GDE, providing the service, I/We understand the following: It shall be **unlawful** (1) to obtain or attempt to obtain, by use of any fraudulent means or methods, electric service with intent to avoid payment for the same; (2) to cause another to avoid such payment; or (3) to assist another in avoiding such payment through the making of multiple applications for service at one address, or otherwise.

It is understood that this application or agreement is subject to the Standard Rules and Regulations of GDE on file for inspection at the office of GDE and said Rules and Regulations are hereby made part of this agreement. I/We agree to be responsible for all current consumed at above address according to the rate applicable.

I/We understand that if the account is not paid in full after termination of electrical service at the above address, or any subsequent location to which service is transferred, I/We are responsible for all fees, including collection fees (an additional 35%) and/or reasonable attorney fees, incurred for the collection of any unpaid bills.

Authorized Signature _____ Title _____

Print Name _____ Date ____/____/____

State of _____ County of _____

Personally appeared _____ with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) executed the foregoing instrument.

Witness my hand and seal this _____ day of _____ 21____. My Commission expires: _____

_____
Notary Public

BELOW INFORMATION FOR GDE USE ONLY

Received By/Date _____ Location _____ Amount of Deposit $ _____ Ex Peak KW _____

COMMERCIAL ACCOUNT REQUIRED DOCUMENTATION

Sole Ownership/Partnership:

- Articles of Organization or Business License
  - Letter of Authorization (on company letterhead)
  - This should list ALL individuals who are authorized to conduct business on accounts.
    *Not needed if your name is listed on the Business License and you are the only one authorized to make changes to the account *
- EIN Paperwork from the IRS – used to verify the tax identification number provided on the application for service

LLC/Corporation:

- Articles of Organization or Business License
- Letter of Authorization (on company letterhead)
  - This should list ALL individuals who are authorized to conduct business on accounts.
- Load Information Sheet – may be requested if new construction, upgrading service, etc.
- Tax Exempt/Reduced Tax (if applicable to your organization)
- Power Contract (upon request)

Non-Profits:

- Business Charter, Business License or 501-C3
- Letter of Authorization (on company letterhead)
  - This should list ALL individuals who are authorized to conduct business on accounts (members, officers, etc.)
- Tax Exempt form (if applicable)
  - Must be for the business location's service address (not corporate address)

Gallatin Department of Electricity
135 Jones St. Gallatin, TN 37066
www.gallatinelectric.com
Phone: 615-452-5152 Fax: 615-452-6060
Email: customerservice@gdetn.com

LOAD INFORMATION

Needed If "New" Load Or Adding to Existing Service

Service Information

____ New Construction ____ Adding to Existing Service

- Projected Peak KW _____

Service Address: _____

Facility Information:

- Total Square Footage: _____
- Days/Hours of Operation:_____
- Primary Use of Facility: _____

Contractor Information (if applicable)

- General Contractor: _____
- Contact Name/Phone Number: _____
- Contact Email: _____
- Electrical Contractor: _____
- Contact Name/Phone Number: _____
- Contact Email: _____

Load Information:

Service Size: 100A __ 200A __ 400A __ 600A__ Other ___

Wire Size: _____ Number of Runs: _____

Total Connected KVA:_____ Estimated Max KVA: _____

Voltage:

120-240V – 1 Phase/3 Wire _____ 120/208V – 3 Phase/4 Wire _____

277-480V – 3 Phase/4 Wire _____ 120/240V – 3 Phase/4 Wire _____
(must have prior approval from GDE Engineering)

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Contractor Deposit: _____ Primary Customer Deposit: _____

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Email: customerservice@gdetn.com