



**ADD LOAD DATA REQUEST FORM – EXISTING CUSTOMER**

FORM #: CS1002

REVISED: 02/04/2025

CUSTOMER/CO. NAME: \_\_\_\_\_

CUSTOMER PHONE #: \_\_\_\_\_

CUSTOMER ADDRESS: \_\_\_\_\_

CUSTOMER CONTACT NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

BMU ACCOUNT #: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

CONTRACTOR PHONE #: \_\_\_\_\_

CONTRACTOR CONTACT NAME: \_\_\_\_\_

CONTRACTOR CONTACT PHONE #: \_\_\_\_\_

CONTRACTOR EMAIL ADDRESS: \_\_\_\_\_

ELECTRICAL CONTRACTOR NAME: \_\_\_\_\_

ELECTRICAL CONTRACTOR PHONE #: \_\_\_\_\_

ELECTRICAL CONTRACTOR CONTACT: \_\_\_\_\_

ELECTRICAL CONTACT PHONE #: \_\_\_\_\_

ELECTRICAL CONTRACTOR EMAIL: \_\_\_\_\_

ARE THERE MULTIPLE SERVICES AT THE SAME ADDRESS? YES  NO

IF YES, DESCRIBE BELOW WHICH SERVICE LOAD WILL BE ADDED TO:

**LOAD DATA**

AMOUNT OF LOAD TO BE ADDED IN AMPS: \_\_\_\_\_ AMPS **\*ACTUAL AMPS, NOT BREAKER OR SWITCH GEAR SIZE.**

Form completed by:

Title/Position:

*I certify that the information provided above on this form is accurate and correctly reflects the expected electrical load.*

Signature ✕

Date:

**\*CUSTOMER/CONTRACTOR MUST ATTACH PROJECT BLUEPRINTS TO THIS FORM**

BILLING OR TAX-EXEMPT QUESTIONS?  
DISTRIBUTION OR SERVICE LINE QUESTIONS?  
METER QUESTIONS?

Annette Williams  
Bobby Stinnett  
John Anglin  
Brady Jackson

[annette@sbmu.net](mailto:annette@sbmu.net)  
[bstinnett@sbmu.net](mailto:bstinnett@sbmu.net)  
[janglin@sbmu.net](mailto:janglin@sbmu.net)  
[bjackson@sbmu.net](mailto:bjackson@sbmu.net)

(573) 475-3224  
(573) 475-3249  
(573) 475-3251  
(573) 475-3250