

Date: _____



ACCOUNT SETUP FORM

BILLING INFORMATION

Account Name: _____ Tax ID #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

PREMISE INFORMATION

Premise Address: _____

City: _____ State: _____ Zip: _____

Occupied As: _____ Owner Tenant

CONTACT INFORMATION

Customer Contact: _____ Phone #: _____

Electrician Name: _____ Phone #: _____

ELECTRICAL INFORMATION

Type of Service: Temporary Permanent Estimated Demand: _____

Phase: Single Three Wire: _____ Service Size (Amps): _____

Voltage: 120/240 120/208 277/480 _____ Tax Exempt: Yes No

Suggested Rate: _____ Est. HP: _____ Underground _____ Overhead _____

Electric Heat: Yes No If yes, Meter #: One Two

Comments: _____

Return to Business Center: Office: (816) 221-2323 Fax: (816) 654-1646 Email: businessctr@kcpl.com