Date:	



ACCOUNT SETUP FORM

ВІ	LLING INFORMATION			
Account Name:		Tax ID #:		
Mailing Address:				
City:	State:	Zip	:	
PI	REMISE INFORMATION		\supset	
Premise Address:				
City:	State:	Zip	<u>:</u>	
Occupied As:		O Owner	O Tenant	
CO	ONTACT INFORMATION	I		
Customer Contact:		Phone #:		
Electrician Name:		Phone #:		
ELE	ECTRICAL INFORMATIO	DN		
Type of Service: O Tempo	orary O Permanent	Estimated Demand	d:	
Phase: O Single O Three Wire: Service Size (Amps):				
Voltage: O 120/240 O 1	20/208 • 277/480) Tax E	Exempt: O Yes O No	
Suggested Rate:	Est. HP: \	JndergroundC	Overhead	
Electric Heat: O Yes O N	o If yes, Meter #: • C	One O Two		
Comments:				
Return to Business Center: O	ffice: (816) 221-2323 Fax:	(816) 654-1646 Email	: businessctr@kcpl.com	