

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](mailto:businessctr@kcpl.com)