



**Electrical Needs Checklist**

Property Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Property Address: \_\_\_\_\_

**Type of Service:** Residential  Commercial

New Service  Upgrade:

Single Phase  3-Phase

Required Voltage: \_\_\_\_\_ Wire/Conductor Size: \_\_\_\_\_

Required Service Size\*: \_\_\_\_\_

\*If over 200 amps, CT will be required. BP&L will provide the CT equipment at cost.  
Location of new service or upgrade of service to be approved by BP&L. Site visit may be required by BP&L personnel.

**\*\*\*Commercial Only\*\*\***

Total Load: \_\_\_\_\_ No. of Services: \_\_\_\_\_

Size of each Service: \_\_\_\_\_

Acknowledged: \_\_\_\_\_ Date: \_\_\_\_\_  
Builder/Property Owner or Owner's Representative

Contact Bastrop Power & Light at (512) 332.8900 with any questions or planning concerns.