




Your Touchstone Energy® Cooperative 

# Upgrade/Downgrade Service Agreement

Office Use Only
Account # _____
WO# _____

**Incomplete forms may not be accepted and will not be processed until complete.**

## Account Information

\*Member Name: \_\_\_\_\_ Meter # \_\_\_\_\_

\*Primary Phone: \_\_\_\_\_ \*Is the primary phone a mobile phone?:  Yes  No

Secondary Phone: \_\_\_\_\_ Is the secondary a mobile phone?:  Yes  No

*Please note that by providing your cell phone number, you are giving the cooperative permission to text you about important, account-related information (outages, balance due, etc.) and in emergency situations.*

Email: \_\_\_\_\_

Preferred method of communication:  Phone  Email  Text

## Service Location

\*Location inside city limits?  Yes  No \*County: \_\_\_\_\_ Gate Code: \_\_\_\_\_

*If located in Dimmit, Kinney, LaSalle, Starr, Webb or Zavala counties: Your county requires that a Certificate of Compliance must be on file before your application can be processed. You can attain your Certificate by contacting the appropriate county planning department.*

## Electricity will be predominantly used for: (Choose One)

Residential – Designate Type:  Primary Residence Occupied Full Time  Weekend Home

Other Residential Use - Describe: \_\_\_\_\_

*Example: Residential water well, personal shed, personal hunting cabin, gate, etc.*

Farm or Ranch Business – Designate Type:  Irrigation - HP: \_\_\_\_\_  Pivot – HP: \_\_\_\_\_

Stock Water Well - HP: \_\_\_\_\_

Farm Building – Use: \_\_\_\_\_

Other Farm Use: \_\_\_\_\_

Commercial or Industrial – Electricity will be used for: \_\_\_\_\_

*Example: Office, pump jack, manufacturing plant, etc.*

Other: \_\_\_\_\_

*Example: Church, school, cemetery, etc.*

## Construction Details - Describe construction project:

## New Construction Information

Metering requirements vary based on type of service. You should provide a suitable and easily accessible location including: (1) sufficient and proper space for installation of meters and other apparatus of the Cooperative, (2) meter loop, (3) safety service switches when required and (4) an adequate anchor for service drops. We recommend you use a licensed electrician for the installation of the meter loop.

Wiring specifications may be found at [MedinaEC.org/NewService](http://MedinaEC.org/NewService).

\*Indicates required fields

\*Main Disconnect (Amps) New: \_\_\_\_\_

Main Disconnect (Amps) Existing: \_\_\_\_\_

*If location will be primary metered, enter PME.*

New Meter Location:  Meter Pole  
 Main Residence or Building

Do you want information on purchasing a meter loop from Medina EC? (200 amp only)  Yes  No

*For your convenience, Medina EC sells 200 amp meter loops for \$680-780\* plus applicable taxes. If you would like to purchase your meter loop from the cooperative, please indicate it here or discuss it with the line designer during the site visit. \*Pricing is determined by the size of meter pole and is subject to change without notice.*

**Service Voltage and Main Disconnect Size - NEW**

Primary \_\_\_\_\_ Overhead \_\_\_\_\_ Underground

Secondary \_\_\_\_\_ Overhead \_\_\_\_\_ Underground

Secondary Voltage: \_\_\_\_\_ 120/240 1 Phase 3 Wire

\_\_\_\_\_ 240/480 1 Phase 3 Wire

\_\_\_\_\_ 120/208 3 Phase 4 Wire Wye

\_\_\_\_\_ 277/480 3 Phase 4 Wire Wye

*Note: 120/208 3 Phase 4 Wire Wye - Service is limited to 100kVA transformer on the pole. 277/480 3 Phase 4 Wire Wye - Service is limited to three (3) 100kVA transformers on the pole.*

**Electrician Information**

\*Electrician/Engineer Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**AUTHORITY**

Member represents and warrants that each representative of Member executing this Agreement is duly authorized to do so. By executing below, the natural person(s) who executes this Agreement on behalf of Member represents and warrants that he or she has the authority to bind said entity.

\_\_\_\_\_

Member Signature

\_\_\_\_\_

Date

**For Accounts In Company Names Only:**

\_\_\_\_\_

Commercial / Corporate Signature Authority

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name of Commercial / Corporate Signature Authority

Commercial / Corporate Title: \_\_\_\_\_

*If Commercial / Corporate signature is other than President, Vice President, Partner or Owner, proof of signature authority may be required.*