

RESIDENTIAL SERVICE APPLICATION

To help us process your application efficiently, please provide all requested information. Missing information may result in delays.

Electronically (Preferred)	By Mail	By Hand Delivery
<ul style="list-style-type: none"> • Submit your application and monitor the status of it and any associated work requests at Construction web portal 	<p>CPS Energy Attn: IDS-Customer Engineering P.O. Box 1771 Mail Drop #410101 San Antonio, Texas 78296-1771</p>	<ul style="list-style-type: none"> • 17281 N. Green Mountain Rd San Antonio, Texas 78247 <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • 7814 S. Zarzamora Street#3 San Antonio, Texas 78224 <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Send this form as an email attachment to ce@cpsenergy.com

If you have any questions or need assistance you may call (210) 353-4050.

CUSTOMER & PROJECT INFORMATION

Application Date: _____ Estimated date site will be ready: _____

*Primary Contact Name: _____ Phone: _____ Email: _____ Plumber

Contact Name: _____ Phone: _____ ; _____ Email: _____

Electrician Contact Name: _____ Phone: _____ Email: _____

*Primary Contact will receive status updates as the work progresses and will be contacted in the case that additional information is needed.

SERVICE ADDRESS

Please read the following information before proceeding:

- A complete and accurate service address is required before service may be installed.
- **The City of San Antonio** assigns addresses within city limits. A service address must be assigned prior to the installation of an electric or gas service. An Address Verification Letter may be required if service address is not verifiable. This letter is supplied by the City of San Antonio.
- For an assignment of a new address or for an Address Verification Letter, you can submit the form by clicking on the following link: <https://docsonline.sanantonio.gov/FileUploads/dsd/RequestforAddress.pdf> and submitting to the City of San Antonio's Development Services Addressing Team, either in person at 1901 South Alamo or via email at dsd.addressing@sanantonio.gov. For further information, please contact their Land Entitlements Addressing Team at (210) 207-1111

- **Incorporated cities** that assign their own addresses are: Alamo Heights, Balcones Heights, Castle Hills, Hill Country Village, Hollywood Park, Leon Valley, Live Oak, Lytle (Medina County), Olmos Park, Schertz, Terrell Hills, Universal City (commercial only), and Windcrest
 - **Important:** For addresses in an incorporated city, an Address Verification Letter may be required if service address is not found in our system. This letter is supplied by the incorporated city.
For additional information, click on link:
<https://www.cpsenergy.com/content/dam/corporate/en/Documents/CSI/General%20Addressing%20Information.pdf>
- **Bexar County** - CPS Energy assigns addresses outside of city limits.
 - **Important:** If the address is outside of city limits one of the following documents are required to assign your address:
 - Property survey **OR** Plat with legal description
 - **EXTRATERRITORIAL JURISDICTION (ETJ) APPROVAL/ CERTIFICATE OF DETERMINATION:**
If you are outside San Antonio city limits, you may still be within San Antonio's ETJ. It is suggested that you contact the Development Services Department of the City of San Antonio prior to obtaining any other releases for electrical service. Please contact the City of San Antonio at the Business and Development Services building, 1901 S. Alamo St., (210) 207-1111.

Provide new address for service request:

Address: _____ Apt/Unit #: _____
 City: _____ State: _____ Zip Code: _____

NEW SERVICE REQUEST

Please select all applicable installation options from the following categories.

Residential Structure Type	Requested Service Type	Permanent Electric Service Type
<input type="checkbox"/> Home	<input type="checkbox"/> Permanent Electric Service	<input type="checkbox"/> Overhead Electric Service
<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Temporary Electric Service	<input type="checkbox"/> Underground Electric Service
<input type="checkbox"/> Barn	<input type="checkbox"/> Gas Service	<input type="checkbox"/> Do Not Know
<input type="checkbox"/> Subdivision Entry	<input type="checkbox"/> Electric Vehicle Charging	
<input type="checkbox"/> Water Well (for residence)		
<input type="checkbox"/> Entry Gate		
<input type="checkbox"/> Other (note below)		

Expected Total Building Square Footage: _____

Additional Information: _____



ELECTRIC & GAS EQUIPMENT INFORMATION (REQUIRED)

Project/Business Name: _____

Address/Location: _____

Total Home Square Footage: _____

***Note: For homes greater than 5,000 square feet, electrician and plumber will need to complete the Electric and Gas Load Sheet on Page 4**

NON-STANDARD ELECTRIC EQUIPMENT TO HELP CALCULATE LOAD NEEDED	
	QUANTITY
Elevator	
Tankless Water Heater	
Electric Vehicle Charger	
Please Specify Other:	
Please Specify Other:	
Please Specify Other:	
GAS EQUIPMENT	
	QUANTITY
Furnace	
Water Heater	
Tankless Water Heater	
Pool/Whirlpool/Spa Heater	
Range	
Gas Light	
Countertop	
Oven	
Clothes Dryer	
BBQ Grill	
Fireplace (Gas Logs)	
Fireplace (Log Lighter)	
Patio Heater	
Please Specify Other:	
Please Specify Other:	
Please Specify Other:	
Please Specify Other:	
Please Specify Other:	
Please Specify Other:	



ELECTRIC AND GAS LOAD SHEET

(Only complete this form for homes over 5000 sq ft or if non-standard electric equipment was specified on previous page)

Project/Business Name: _____

Address/Location: _____

ELECTRICAL LOAD	
EQUIPMENT	kVA
A/C or Heating (largest HVAC load)	
Lighting	
Receptacles	
Water Heater	
Computers	
Refrigeration	
Elevators	
Motors under 100 HP	
Motors over 100 HP (Large Motor Form required)	
Other:	
Other:	
TOTAL estimated kVA	

GAS LOAD	
PRESSURE REQUESTED: <input type="checkbox"/> 4 oz. <input type="checkbox"/> 2 lbs.	INDICATE UNITS: <input type="checkbox"/> BTU/h <input type="checkbox"/> CFH
Furnace	
Boiler	
Cooking	
Water Heater	
Pool/Spa Heater	
Gas Lighting	
Generator	
Other Equipment:	
TOTAL estimated BTU/h or CFH	

APPLICATION ATTACHMENTS

The service request will commence upon the submittal of the required documents.

The following documents have been completed and are attached with the application:

- | | |
|---|--|
| • Electric & Gas Equipment Information (REQUIRED) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Load Sheet (If home is greater than 5,000 SQ FT or non-standard equipment specified) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Address Verification Letter (If Applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Lot Survey (If Applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Tax Form 01-339 (If Applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

You may submit your application without the meter loop drawing or environmental form. If you are submitting these documents with your application, please indicate below. If you are not submitting them, your designer will coordinate with you a date to submit.

- Meter Loop Drawing Yes No
- [Customer Environmental Requirements Checklist](#) Yes No

*The following items will be required at a later time, determined by your designer. If they have been completed, they can accompany application.

- | | |
|--|--|
| • A surveyed drawing signed and sealed metes and bounds of the proper easement size, as specified by the facility design. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Property owner's contact information (phone number and email address) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Easement document, signed by the property owner or authorized representative and notarized that must be presented to the CPS Agent (Agent) before energizing the meter | <input type="checkbox"/> Yes <input type="checkbox"/> No |



BILLING INFORMATION

Billing Name: _____ Phone: _____

Billing Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip Code: _____

Billing Tax ID # or Social Security No.: _____ Driver's License No.: _____

Tax Exempt (If Tax Exempt attach form 01-339 from the Texas Comptroller (<https://comptroller.texas.gov/forms/01-339.pdf>))

AUTHORIZATION

The undersigned is submitting a completed application and requests CPS Energy to provide electric and/or gas service.

NAME

DATE