



AMEREN ILLINOIS CONSTRUCTION & ENGINEERING SERVICES

To ensure your order is processed immediately, please **PRINT CLEARLY** and fill out **ALL** information.

Billing Name: _____ Contact Person: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ ext: _____ Cell: _____ Fax: _____

E-mail: _____ SSN/FEIN#: _____

Preferred Method of Contact: Daytime phone Cell phone Fax Email

Note: A Representative from Ameren may call you to discuss your request further and/or schedule an appointment to meet with a Local Field Engineering Representative.

SITE INFORMATION: "Residential" "Commercial

Site Street Address: _____

City: _____ State: _____ Zip Code: _____

Nearest Cross Street: _____

Subdivision Name (if applicable): _____ Lot Number: _____

Structure Type (check one): Single Family Duplex Commercial Building Multi Unit

If Duplex or Multi Unit, please indicate: Multi unit house meter? Yes No
One service line with multi meters? Yes No
One service line per unit? Yes No

TYPE OF SERVICE REQUESTED AND READY DATE

"Temporary ___/___/____ Permanent Electric ___/___/____ "Gas ___/___/____

TEMPORARY ELECTRIC SERVICE: "OH UG Amp size _____ Distance from pole/pedestal _____

Note: Temporary service will be disconnected when permanent service is installed.

Inspection needed? Yes No If yes, Date:

PERMANENT ELECTRIC SERVICE: Amp size _____ Single phase Three phase
Overhead in overhead area Underground in overhead area Underground in underground area

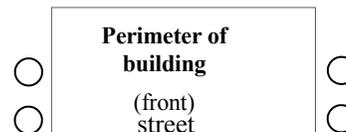
Approximate distance from a pole/transformer or pedestal to electric meter base: _____ feet

ELECTRIC: Electric meter should be installed on same side as Ameren facilities; not to exceed mid-point of house.

Install metering equipment per Ameren specs, NEC and local codes if subject to inspection. (See Service Manual)

On diagram at right, mark location of Electric, "E" to indicate Electric.

Inspection needed? Yes No If yes, when clear?
Obstructions in path? Yes No
Lot within 6" of final grade? Yes No
Backfilled at foundation? Yes No



Fax applications to 217-424-6758 or email IllinoisConstruction@ameren.com.

Applications may also be submitted online at www.buildwithameren.com

Call 888-659-4540 if you have questions or need further information.



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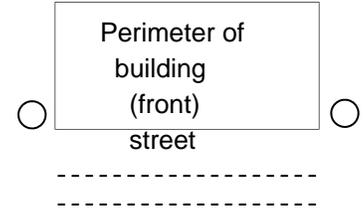
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GAS SERVICE: Total BTU load _____ Square footage of home _____
Approximate distance from road to gas meter location: _____ feet. Stubbed Staked Marked (check one)

GAS: @Locate the gas meter within 2 -5 ft. of front of building.

> The gas regulator relief vent requires at least a three (3) foot radial clearance from:

- any electric meter
- air conditioning condensing unit
- electrical outlet
- electrical disconnect
- or other potential source of ignition.



Mark one side **ØI .ö'õn** the diagram above, to indicate **I cu'b gvt 'lqec vlp**.

(For further details see *Tgc f { 'lqt 'Ugt xkg 'Dt qej vt g*)

<http://www.ameren.com/sites/aiu/source/ILConstServ/Documents/PreparingForNewGasService.pdf>

LOAD INFORMATION: Please indicate the **number** of each **gas** consuming appliance this new building will have:

Furnace(s) _____ Water heater(s) _____ Stove(s) _____ Dryer(s) _____
 Generator(s) _____ Pool heater(s) _____ Gas fireplace(s)/gas log(s) _____

Obstructions in path? Yes No
 Lot within 6" of final grade? Yes No
 Backfilled at foundation? Yes No
 Private Facilities? Yes No

Note: All customer gas piping, fittings, valves and utilization equipment must meet the specifications of and be installed in accordance with the National Fuel Gas Code (NFPA-54) or applicable local codes .

ADDITIONAL COMMENTS:

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