



POWER SUPPLY REQUEST

Please return completed request to one of the following:

Email: poboxceservicerequest@cmsenergy.com **Mail:** Energy Request Center, Lansing Service Center
Room 122, PO Box 30162, Lansing MI 48909-7662

Questions? Please contact the Energy Request Center at 844-316-9537

CUSTOMER SECTION (Include a GIS map of the location listed)

Name of Company		
Address		
City	State	Zip Code
Name of Authorized Person to Sign		Title
Local Contact		
Email Address		Telephone Number

POWER SUPPLY MANUFACTURER SECTION

Power Supply Manufacturer Name	Model Number	Wattage
<input type="checkbox"/> Pole Mounted <input type="checkbox"/> Underground <input type="checkbox"/> Tap On <input type="checkbox"/> Tap Off		
Power Supply Location/Address & City		
County	Township	Town/Range/Section
Utility Account Number		Supplemental Agreement Number

FOR CONSUMERS ENERGY USE ONLY

Notification Number	Order Number
Name of PC/Tech	Headquarters
Business Partner Number	