



Kansas City Board of Public Utilities  
 540 Minnesota Ave  
 Kansas City, KS 66101  
 (913) 573-9922

<b>OFFICE USE ONLY:</b>
Date New Rate Effective:
Approved by: (Initials)

Please send completed form to David Allen, Email: [dallen@bpu.com](mailto:dallen@bpu.com) Fax (913) 573-9921.

## Commercial / Industrial Electric Heat Rate Application

### Customer Address Information

First Name	Last Name	Personal Phone #	Personal Email Address
Company Name	Account #	Phone #	Company Email Address
Billing Address	City	State	Zip
Service Address	Check if same address as above: <input type="checkbox"/>	City	State

I request that my account be enrolled in the Electric Heat Rate. I certify that the following:

- 1) Electric heat is the primary source of heating, electric furnace or heat pump for the entire premise.
- 2) BPU has the right to inspect the service to determine all of the requirements are being met.
- 3) I agree to promptly inform BPU if I no longer meet the requirements of Numbers 1 through 3 above.
- 4) I understand the BPU, at its sole discretion, may elect not to accept a customer into the Electric Rate Class and may remove a customer from the Electric Rate Class who has been accepted, for not meeting and adhering to the requirements set forth under this or other policies of the BPU.
- 5) At anytime, the BPU Board has the right to end or modify the Rate.

Name (print):	
Signature:	Date:

### Installation and Equipment Information

YEAR BUILT (approx.)	
HEATED AREA (sq. ft.)	
Office	<input type="checkbox"/> School <input type="checkbox"/>
Government	<input type="checkbox"/> Retail <input type="checkbox"/>
Commercial / Industrial	<input type="checkbox"/> Other <input type="checkbox"/>
Manufacturing	<input type="checkbox"/> Lodging <input type="checkbox"/>

**INSTALLATION TYPE:**

New Resistance Heating Equipment with Heat Plus Rate

Existing Resistance Equipment with Rate Change to Heat Plus

Existing Air Source Heat Pump with Rate Change to Heat Plus

Existing Geo Heat Pump with Rate Change to Heat Plus

DATE INSTALLED:  (of meter or heating equipment)

INSTALLER:

Owner  Contractor

Business Name: (retailer or installing contractor)

**RESISTANCE HEATING SYSTEMS ONLY:**

SYSTEM TYPE:

Baseboard Resistance  Ceiling Cable  Cove Resistance

Baseboard w/ Boiler  Floor Cable  In-Floor w/ Boiler

Electric Furnace  Other

KW INSTALLED:

SERIAL #:

SECONDARY HEATING SYSTEM:

NONE  Oil  Natural Gas

Wood  Propane  Other

**NEW RESISTANCE HEATING SYSTEMS ONLY:**

TYPE OF SYSTEM REPLACED:

New Construction  Natural Gas  Resistance

Added Capacity  Oil  Wood

Propane  Other

AGE OF SYSTEM REPLACED? (yrs)

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
SERIAL #	<input style="width: 100%;" type="text"/>

DISCLAIMER: Once verified, the appropriate All-Electric Rate will be effective in the next Bill Cycle.