JACKSONVILLE, FL 2012

ELECTRICAL REQUIREMENTS FORM

Vendor Name:	
Contact Person:	
Phone Number:	

Please list the types of equipment requiring power:

TYPE OF EQUIPMENT (i.e. stove, warmer, fryer, snow cone machine, ice chest, etc.)	**VOLTAGE** (Please specify 120, 240 or 3-phase.)	**AMPERAGE OR WATTAGE**	**TYPE OF OUTLET REQUIRED** (i.e. household or specialty)	**IF SPECIALTY OUTLET, PROVIDE NEMA NUMBER**