

Generator Interconnection Ad Hoc Information Session Request Form

I. Interconnection Customer			
Name:			
Title:			
ON			
Address:			
Phone No:		(xxx) xxx-xxxx	
Email address:			
II. Project Details			
Project size (MW):			
No. of the desired section of the se			
Desired ISD:			
Anticipated date to enter the queue:	(xx/xx/xxxx)		
III. Site			
County:			
State:			
Area Transmission Owner(s):			
(if not identified, list all options that are be	eing considered)		
Distance from the nearest substation or trans	mission line:	+	
Available connection voltage(s):			
Site control:	ROW required for intercon	nection facilities:	<u>Pleas</u>
Please submit a site map of your proposed pro	ject with this request to allow Trans	mission Owners to better	answer your questions
IV. Specific Questions for the Trans	smission Provider / Transn	nission Owner	
(use a separate sheet, if required)			
1.			
2			
3.			
4.			
V. Information Session is requeste	ed by		
Signature:			
Title:			
Address:	• •	St: Zip: _	
Phone No:	Email address:		