

Transmission Connection Information Request Form

Customer Name:
 Project Name:
 Substation Code:
 Transmission line: (if existing customer)

Contact Information:	
Name:	
Position:	
Phone Number:	Fax:
Email:	
Site Location:	
Address:	
City / Town:	
Latitude:	Longitude:
Property Information (Lot#):	
Description (closest town, etc):	
Description / Type of Load: (new load or load expansion?)	
Load:	
Connected Load	MW
Peak Demand	MW
Load Factor	%
Motor Information of Significance: (largest)	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.
Motor Starting Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Type of Information Requested:	
Conceptual Review (no cost estimate)	<input type="checkbox"/>
Preliminary Estimate (specify level of accuracy +/- %)	<input type="checkbox"/>
Key Milestones: (dates)	
Expected In Service Date:	
Construction Power Requirements:	
Other Comments:	