



Generating Facility Expedited/Standard Pre-Application Report Form

Interconnecting Customer Name (print): _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Alternative Contact Information (e.g., system installation contractor or coordinating company)

Name (print): _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Facility Information:

- 1) Proposed Facility Location (street address with cross streets, including town, and a Google Map still picture and GPS coordinates): _____
- 2) Generation Type: _____
- 3) Size (AC kW): _____
- 4) Single or Three Phase Generator Configuration: _____
- 5) Stand-alone (no on-site load, not including parasitic load)?
Yes _____ No _____
- 6) If there is existing service at the Proposed Facility site, provide:
 - a) Interconnecting Customer Account Number _____
 - b) Site minimum and maximum (if available) current or proposed electric loads
 - i) Minimum kW: _____
 - ii) Maximum kW: _____
- 7) Is new service or service upgrade needed? _____

DISCLAIMER: Be aware that this Pre-Application Report is simply a snapshot in time and is non-binding. System conditions can and do change frequently.