

Transmission Connected Load Asset Addition Request Form



Pool Participant Legal Name: _____

Pool Participant ID: _____

Requested by: _____

Telephone Number: _____

Email Address: _____

Please note a valid Demand Transmission Service Contract is required.

1. Name of Asset (if applicable): _____

2. Estimated In-Service Date, or Effective Date: _____

3. Location of Asset (LSD, address, or retail area): _____

4. Electrically Connected to Grid at (substation): _____

5. Estimated Peak Load (MW): _____

6. Will you be submitting bids with this load? no yes

7. Are you providing either of the following System Support Services?

Interruptible Load no yes

Remedial Action Schemes no yes

8. If you are not the sole owner of the asset, please list all of the owners and their percent ownership share.

Owner	Percent Ownership Share