Transmission Connection – Preliminary Inquiry Form



										0110
General Information Company Name										
Summary of Business										
Address of Potential Connection or GPS Coordinates										
Submission Date										
Contact Information										
Point of Contact Name										
Consultant/Customer										
Business Title										
Phone #										
Email										
Connection Details										
Project Proposal (description of your connection)										
Type of Connection	Load	Generation	n Both							
Load										
Proposed In-Service Date				Peak Load (MW)						
Generation			1							
Type of Generation										
Proposed In-Service Date				Generation Cap	pacity					
Construction Power Staging Plan										
Enter Year	Year 1	Year 2	Year 3	Year 4	Year 5					
Note: please include a specific month/quarter if applicable, e.g. Q4 2023, 2024, etc.				+						
MW										
Transmission Power Staging Plan										
Enter Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Note: please include a specific month/quarter if applicable, e.g. Q4 2023, 2024, etc.		 			<u> </u>	1	<u> </u>	 	 	
MW										
Connection Preference			`	Voltage Level						
How would a power service interibusiness? What are your reliabilit										
Note: Explain the impacts of a power service etc.). We may recommend a different connection your reliability requirements										
Any special characteristics (i.e. la	arge motors, a	arc								
furnace, smelters, etc.)										
Additional Details Describe your 24 hour load / gen	eration profile	9								
Note: We would like to understand what y	your typical 24hr	nrofile looks								
like. Do you work at 100% capacity all de										
overnight? Please explain in detail										
Capacity of each load displacement										
emergency / standby generation	unit (if applic	able)								