

Transmission Connected Load Asset Addition Request Form



Pool Participant Legal Name: _____

Pool Participant ID (if known): _____

Please note a valid Demand Transmission Service (DTS) Contract is required.

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

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

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

4. Estimated Peak Load (MW): _____

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

6. 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