Interconnection Request

Columbia Basin trust

Please provide information in all fields in each section, if applicable. Do not leave any fields blank. If any particular field is not applicable to your project please write N/A (not applicable).

Interconnection Customer Information

Project Name	Company Name	Contact Name
Phone		Email

Address	City	Province	Country	Postal Code

Interconnection Service Information

The interconnection request is for (check one)

☐ A proposed new facility ☐ An increase in capacity of an existing facility ☐ A material modification to an existing facility

The interconnection request type is (check all that apply)

☐ Generation ☐ Transmission ☐ End user (load)

General Facility Information

Address or location or the proposed new facility site or, the name and specific location of the existing facility

Maximum rating of the proposed new facility or, amount of capacity increase of an existing facility in MVA

Winter (Oct - April): Summer (July - Sept): Spring (May - June):

General description of the equipment configuration for the facility

Proposed in-service date (yyyy-mm-dd):

Approximate location of the proposed point of interconnection

Additional Submission Information

Check the boxes below to confirm each applicable document is being provided, along with this form:

☐ Generation ☐ Transmission ☐ End user (load)

This interconnection request must be submitted via email

Email:	Attention:
cpccompliance@ourtrust.org	Senior Manager, Compliance

The undersigned Interconnection Customer submits this request to interconnect its facility with the Columbia Power Electrical System and Columbia Power Connection Requirements.

This interconnection request is submitted by:

Name	Signature	Date (yyyy-mm-dd)

Columbia Power Use Only

Received by	Date and time received	Signature