

# Interconnection Request



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

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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

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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: [cpccompliance@ourtrust.org](mailto:cpccompliance@ourtrust.org)     
 Attention: 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 \_\_\_\_\_