

	AMP Transmission	Revision: 01
	Transmission Facilities Interconnection Requirements	Last Updated: 8/1/2024

Attachment D

END USER CONNECTION REQUEST FORM

Applicant Information

Municipality/Customer Name: _____

Phone No: (____) ____ - _____ Email: _____

Project Description:

Load Connection Information

Existing Load: _____ MVA @ _____ %PF
or _____ MW _____ MVAR

Load Addition #1: _____ MVA @ _____ %PF
or _____ MW _____ MVAR

Requested Date: _____

Load Addition #2: _____ MVA @ _____ %PF
or _____ MW _____ MVAR

Requested Date: _____

Load Addition #3: _____ MVA @ _____ %PF
or _____ MW _____ MVAR

Requested Date: _____

Total Requested Load: _____ MVA @ _____ %PF
or _____ MW _____ MVAR

New Load Source (List new load in kW – Enter “0” if none)

Load Type	Type / Description	Load Amount (kW)
Lighting		
Air Conditioning		
Heating		
Motors*		
Other*		
Other*		

*See Additional Information and Documentation item 2 below

