

# FAS Request Form

Entity making request: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone:

Fax:

Email:

Nature of Request:

Service Type:

Transaction Period:

Please attach to this completed request form the following information related to the service request:

For a Network Integration Transmission Service (“NITS”) Request: Network resources, whether owned by the requesting customer or purchased from a third party; and the transmission voltage location at a geographic location described with sufficient specificity, level, total MWs and interruptible MWs for the requesting customer’s load. In addition, please download and complete a “FAS Application for NITS” which can be found at:

[https://sppoasis.spp.org/documents/LGEE/uploads/FAS\\_Application\\_for\\_NITS.xls](https://sppoasis.spp.org/documents/LGEE/uploads/FAS_Application_for_NITS.xls)

For a Point-to-Point Transmission Service Request: The location of the Point of Receipt and Point of Delivery (one of which must be LGEE) and the identities of the Delivering Parties and the Receiving Parties, the location of the generating facility(ies) supplying the capacity and energy and the location of the load ultimately served by the capacity and energy transmitted, a description of the supply characteristics of the capacity and energy to be delivered, an estimate of the capacity and energy expected to be delivered to the Receiving Party, and the Service Commencement Date and the term of the requested Transmission Service (as applicable).

You will receive a Feasibility Analysis Service Agreement within seven (7) days of receipt by SPP, with a copy to the Transmission Owner, of this Request Form **AND ALL OF THE REQUIRED INFORMATION,**

**PLEASE FAX THIS FORM AND ADDITIONAL INFORMATION TO:**

With a Copy to:

Fax: 501-664-6907

Attn: \_David McNeill

Independent Transmission Organization

Fax: 502-217-2689

Attn: Keith Yocum

Transmission Owner