

Southern Transmission Billing Dispute Identification Questionnaire

1. Today's Date: _____ TSR ID (if applicable): _____

2. Company Name: _____

3. Contact Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Please be as specific as possible when describing the item in dispute and reasoning below:

4. Is this a new or an existing dispute? _____

5. What is the nature of the dispute (charge, revenue, etc.)? _____

6. Billing/invoicing period(s) _____

7. Do you feel a calculation error has been made on your bill or invoice? _____

8. What is the specific nature of the dispute? _____

9. What are the reasons the dispute is being initiated?

10. Counterparties? (If applicable): _____

*Please attach any additional documentation to this Identification Questionnaire Form.
Direct any questions to the Southern Transmission Billing Supervisor at mlbrasfi@southernco.com.*