

Check-sheet for Review of Requests for Umbrella Transmission Service Agreements

Customer Name: _____

Service Description: Umbrella Service Agreements for Short-Term Firm Point-to-Point Transmission Service and Non-Firm Point-to-Point Transmission Service

_____ Identity

_____ Address

_____ Telephone number

_____ Fax number

_____ Eligible customer statement (Subsection 17.2(ii) and 18.2(ii))