



## Transmission-Transmission & Transmission-Load Interconnection Request Form

<b>Project Name:</b>	<b>OTP Queue No.</b>
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Section I. Requestor Information			
Contact Name:			
Title:			
Company:			
Address:			
City, State, Zip:			
Phone:		Cell Phone:	
E-Mail Address:			
Date of Request:		In-service Date:	
Type of Interconnection Requested:	<input type="checkbox"/> Transmission-Transmission	<input type="checkbox"/> Transmission-Load	

Section II. Project Information			
Briefly describe your project:          <i>Attach a site drawing and proposed one-line diagram.</i>			
<b>Location of Proposed Connection</b>			
State:	County:		
Township Name (if applicable):	Section:	Township:	Range:
OTP Transmission Line Name, Number, and Structure Number (if known):			
Substation (if applicable):			
Will additional rights of way (ROW) or easements be required?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Who will obtain?			

### Section III. Equipment Requirements

#### Customer Interconnecting Equipment

Voltage

Ampacity

Conductor Size

Quantity

Shield Wire Size

Transformer Size

Type of Protection

#### Connecting Equipment (Switches)

Voltage

Amperage

Remote Control ? Yes  No

Type of Switch Operation: Manual  Hydraulic  Electric Motor

Comments:

### Section IV. Metering Requirements

Is Metering Required? Yes  No

Check Any That Apply:

Pool Tie  Load  Line Loss  Transformer   
Metering  Metering  Compensation  Loss Compensation

Describe Any Special Communications or SCADA Requirements:

### Section V. Load Information

Expected Load:

Power Factor:

Load Characteristics:

### Section VI. Miscellaneous

Please reference any related documents, e.g. one-line diagrams, scope of work, appendixes, etc...

**Section VII. Contact Information**

**Customer Project Manager**

Name:			
Title:			
Address:			
City, State, Zip:			
Phone:		Cell Phone	
E-Mail Address:			

**Customer Transmission Manager**

Name:			
Title:			
Address:			
City, State, Zip:			
Phone:		Cell Phone	
E-Mail Address:			

**Customer Contract Contact**

Name:			
Title:			
Address:			
City, State, Zip:			
Phone:		Cell Phone:	
E-Mail Address:			

**Customer Operations/Maintenance Contact**

Name:			
Title:			
Address:			
City, State, Zip:			
Phone:		Cell Phone:	
E-Mail Address:			

**APPLICANT**

Signature \_\_\_\_\_

Date \_\_\_\_\_

SEND COMPLETED AND SIGNED INTERCONNECT REQUEST FORM ALONG WITH ONE-LINE AND SITE DRAWING TO  
OTTER TAIL POWER COMPANY'S INTERCONNECTION COORDINATOR AT THE FOLLOWING ADDRESS:

**Dean Pawlowski  
Otter Tail Power Company  
215 S Cascade Street  
Fergus Falls, MN 56537  
dpawlowski@otpc.com**