

# Emergency Backup Microgrid Interconnection Form

## Applicant Information

Organization Name

Contact Name

Email

Phone

Address

## Facility Information

Facility Name

Facility Type

Facility Address

City

State

Zip Code

## Microgrid Details

Total Capacity (kW)

Microgrid Type

If Other, specify

Is the microgrid intended for emergency backup only?

Estimated Date of Interconnection

## Technical Contact

Name

Email

Phone

## Additional Information

Comments or Special Requirements