

Wisconsin Electric Cooperative DER Interconnection Pre-Application Data Request

Notice: This form must be completed and submitted with fees to meet the Interconnection Requirements of Wisconsin Electric Cooperatives. Personal information collected will be used for administrative purposes only.

Electric Cooperative

Date (MM/DD/YYYY)

REQUESTOR CONTACT INFORMATION

Company Name

Contact Name

Street Address

City

State

Zip Code

Phone Number

Email Address

PROJECT INFORMATION

Project Name

DER Facility Nameplate Rating (AC kW)

DER Facility Type

No. of Phases

Service Voltage

Standalone Generator?

☐ Yes ☐ No

Existing DER Facility?

☐ Yes ☐ No

Location of Existing DER Facility

PROPOSED POINT OF COMMON COUPLING

Street Address

City

State

Zip Code

County

Cross Streets

Latitude

Longitude

Meter No.

Utility Equipment No.

OTHER IDENTIFYING INFORMATION