

FACILITIES SCHEDULE NO.

1. Name:
2. Facilities location:
3. Delivery voltage:
4. Metering (voltage, location, losses adjustment due to metering location, and other:
5. Normal Operation of Interconnection:
6. One line diagram attached (check one):/_____ Yes / _____ No
7. Facilities to be furnished by Cooperative:
8. Facilities to be furnished by Consumer:
9. Cost Responsibility:
10. Control area interchange point (check one): / _____ Yes / _____ No
11. Supplemental terms and conditions attached (check one): / _____ Yes / _____ No
12. Cooperative requirements for DG interconnection attached (check one): / _____ Yes / _____ No

MEMBER:

**WAYNE-WHITE COUNTIES
ELECTRIC COOPERATIVE:**

By: _____
Signature

By: _____
Signature

Print Name

Print Name

Title

Date

Date