## 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 Faci	lity? □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	D.
OTHER IDENTIFYING INFORMATION		