**INFORMATION REQUEST SHEET: LGIA Co-tenancy**

**(Cluster Study Group)**

***This Sheet may be used for a Serial project.***

**To initiate preparation of the execution version of the LGIA, the Interconnection Customer (IC) and the Participating Transmission Owner (PTO) must each complete this information request sheet and return it to your assigned ISO Contract Negotiator.**

PLEASE SUBMIT THIS FORM IN **WORD** FORMAT

**Project Name:**

|  |
| --- |
| *Project Name Guidelines: No use of company types, (i.e., LLC, Inc.), acronyms, Roman numerals, or special characters. If the project name is a duplication of a name already in use, the ISO will request that a new name be used.* ***No Exceptions.*** |

|  |  |
| --- | --- |
| **Full legal names of all companies (all co-tenants)** | (Please verify legal spelling including capitalization and punctuation) |
| **Legal corporate Address**  (Street address is required) |  |
| **Type of organization** | (ex: corporation, limited liability company, limited partnership, etc.) |
| **Location of organization** | Organized and existing under the laws of the state/Commonwealth of |
| **Term of Agreement  (as described in Section 2.2)** | “Subject to the provisions of Article 2.3, this LGIA shall remain in effect for a period of      years from the Effective Date **(*Term Specified in Individual Agreements to be ten (10) years or such other longer period as the Interconnection Customer may request*)** and shall be automatically renewed for each successive one-year period thereafter.” |
| **ISO Queue No.** | (If N/A, please provide reason for N/A designation) |
| **Co-tenancy Manager** | ***\*\*\*Information will be listed in RIMS and in the LGIA Appendix F*** |
| Company |  |
| Attention |  |
| Address  (Street address is required) |  |
| City/State/Zip code |  |
| Email address |  |
| Phone |  |
| Fax Number |  |
| **Alternative forms of notice** | ***\*\*\*Information will be listed in RIMS and in the LGIA Appendix F*** |
| Company |  |
| Attention |  |
| Email address |  |
| Phone Number |  |
| Fax Number |  |

**REQUIRED FOR ELECTRONIC SIGNATURE PROCESS:**

|  |  |
| --- | --- |
| Name of signatory |  |
| Email address |  |

*Please note that the “Title” is entered by the signatory during the electronic signature process.*