**INFORMATION REQUEST SHEET: EIMESCA**

**CAISO Tariff Appendix B.18**

**To initiate an EIM Entity Scheduling Coordinator Agreement, please fill in the information requested below and return this form to** [**SCRequests@caiso.com**](mailto:SCRequests@caiso.com)

***All information must be complete before an agreement can be processed.***

PLEASE SUBMIT THIS FORM IN **WORD** FORMAT.

|  |  |
| --- | --- |
| Full legal name of company (agreement holder) | (Please confirm legal spelling, including capitalization and punctuation) |
| Legal street address of company |  |
| EIM Entity Balancing Authority Area |  |
| Name of primary representative |  |
| Title |  |
| Company |  |
| Address  (Street address is required) |  |
| City/State/Zip code |  |
| Email address |  |
| Phone |  |
| Fax |  |
| Name of alternative representative |  |
| Title |  |
| Company |  |
| Address  (Street address is required) |  |
| City/State/Zip code |  |
| Email address |  |
| Phone |  |
| Fax |  |

**REQUIRED FOR ELECTRONIC SIGNATURE PROCESS:**

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