**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**

***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 |       |