



PJM OASIS FAX REQUEST FORM

Fax: 610-666-8877

Company Information

Company Name: _____
Person Making Request:: _____
Phone: (____): _____

Request Information

OASIS Transaction # (if available): _____
Pre-confirmed (Yes/No): _____
Pay for Congestion (Yes/No): _____
Path: _____
POR: _____ POD: _____
Source: _____ Sink: _____
Capacity Type (Firm, Non Firm, Network) (On/Off Peak): _____
Capacity Requested: _____
Minimum Capacity (optional): _____
Time Block (hour, day, week, month, year): _____
ARR/FTR Request: (Up To): _____
Beginning Date/Time (MM/DD/YY HH): _____
Ending Date/Time (MM/DD/YY HH): _____
Comments (Reason for Form Request) _____

The PJM OASIS fax machine time stamp will be considered the Official PJM Transmission Request Submission Time. All fields must be completed unless stated.

Working to Perfect the Flow of Energy

955 Jefferson Avenue • Valley Forge Corporate Center • Norristown, PA 19403-2497 • (610) 666-8972

The document accompanying this telecopy transmission contains information from the PJM Interconnection which is confidential and/or legally privileged. The information is intended only for the use of the individual or entity named in this transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited, and that documents should be returned to this office immediately. In this regard, if you have received this telecopy in error, please notify us immediately by telephone so that we can arrange for the return of the original documents to us at no cost to you.