on behalf of my company



Telemetry Coordination Email Setup Form

Your Name (Printed)	
Company Na	me
have been given permission by my compar	ny to coordinate the email notifications for
Telemetry Updates. I understand that Obje	ect IDs for these facilities may be deemed
market sensitive; therefore, I agree that the	·
	•
below are employees of the company I rep	· ·
group understand their responsibility to not	divulge this information to other companie
and have agreed to be bound by this fact.	
□ □ Group Email Ade	Approver Info:
Printed Name:	Printed Name:
Title:	Title:
Signature:	Signature:
Date: Email:	Date:
Phone:	PJM ONLY SECTION
Send completed form to: PJM Interconnection, LLC c/o Jim Ortlieb, Sr. EMS Network Analyst 2750 Monroe Blvd. Valley Forge Corporate Center Audubon, PA 19403	

¹ No more than one group email address is allowed per company. Your company will be responsible for managing who is in the email group. Please be certain to review all addresses in the email groups on a yearly basis.