



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

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