

Customer Form to Request Impedance for an Existing Account

	Customer Name:	Address	OB	CDS.	
		Address	UK	GPS	
	Electric Service Address:		Latitude:		
			Longitude:		
	ESI ID:		Meter Nu	ımber:	
	(from electric bill, 17 numeric digits beginning with 1044372000 or 1017699000)				
	Primary Metering Equipment	Tra	ansformer		
	Select if voltage at Point of Interconnection is greater than 60 kV.				
	Comments:				
	Contact Name:				
	Contact Email:				
	Contact Number:	(ext		
	Requests involving new or upgraded services should go through the customer's project manager at Oncor.				
	Email this form to ShortCircuit@Oncor.com				