An original and one copy of this report are to be mailed to the Secretary’s Bureau at the address above, even if an electronic copy has been emailed to the address above.

Information Required:

1. Reporting Utility: ____________________________
   Address: ____________________________________
   __________________________________________

2. Name and title of person making report:
   ____________________________________________
   ____________________________________________
   (Name) (Title)

3. Telephone number: __________________________
   (Telephone Number)

4. Date and time initial telephonic report was made to Commission:
   __________________________________________
   __________________________________________
   (Date) (Time)

5. Interruption or Outage:
   (a) Number of customers affected: ______________
   (b) Approximate number of outages for each county affected during the event:
       __________________________________________
       __________________________________________
       __________________________________________
       __________________________________________
       __________________________________________
   (c) Reason for the interruption or outages: ______________
       __________________________________________
       __________________________________________
       __________________________________________
       __________________________________________
(d) Projected time of restoration: ________________________________________

(e) The date and time of the first information of a service interruption: _______

(f) The actual time that service was restored to the last affected customer:

Remarks:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________