

## Attachment C: New PJM Customer Voice/All Call Communications Request Form

### **Objective**

This document will provide PJM with the information necessary to implement voice (two-way) and All Call (one-way) communications, which are essential for operation of the PJM grid.

### **Customer Information**

PJM Member Name: \_\_\_\_\_  
Customer Contact  
Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Customer Type: (check the one that applies)  
Generation Transmission Dispatch Center Demand Side Response  
PJM Transmission Zone(s) of Operation \_\_\_\_\_

### **Site Information**

Total Number of MW at Site for which site is responsible: \_\_\_\_\_  
Desired date of operation: \_\_\_\_\_  
Location where the phone call is received  
Location name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_

### **Two Way Voice Communication Information**

Primary **dedicated** phone number for PJM Dispatch Operations to call: \_\_\_\_\_  
Secondary **dedicated** phone number for PJM Dispatch Operations to call: \_\_\_\_\_

### **PJM All Call Information**

(PJM requires a Primary phone number dedicated solely to PJM for operation and emergency communications. All Call may not terminate in voice mail, ACD or answering systems)

Primary number: \_\_\_\_\_  
Secondary Number: \_\_\_\_\_ Cellular: YES NO  
(May be shared lines or cellular numbers, indicate if cellular)  
Tertiary Number: \_\_\_\_\_ Cellular: YES NO  
(May be shared lines, indicate if cellular)

### **Approval**

Please provide your PJM Contact's name: \_\_\_\_\_

Contact Engineering Technicians at [engtechs@pjm.com](mailto:engtechs@pjm.com) for technical assistance or questions in completing this form.