Public Utility Commission

EVENT REPORTING FORM

1. Event Name:_____

2. Utility Reporting:_____

3. Date of Report: _____   4. Time of Report:_____

5. Reporting Contact:_____   6. Title:_____

7. Contact Number:_(___)_____

8. Counties Involved:_____

9. Cities Involved:_____

10. Customers Out of Service/Affected:_____

11. Total Customers on System by County:_____
_____

12. Estimated Restoration Date and Time:_____
_____

13. Requests for Help:_____
_____
_____

14. Major Feeders, Substations, and Facilities Out of Service:_____
_____
_____

15. Area Affected – Explanation of Outages:_____
_____
_____
_____
_____
_____
_____
_____