 Network Resource Termination Request Form

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| Network Customer | | | |
| Network Customer: |  | | |
| Representative (if applicable): |  | | |
| Contact Name: |  | | |
| Business Address: |  | | |
| Phone: |  | | |
| Email: |  | | |
| Fax: |  | | |
| Terminated Resource | | | |
| Resource Name: |  | | |
| Resource Location: | On-system  Off-system | | |
| Capacity Currently Designated: | MW | | |
| Network TSR Number: |  | | |
| Capacity to be Terminated: | MW | | |
| Effective Date & Time of Termination: | Date: | | Time: 0100 MPT |
| Type of Termination: | Temporary  Indefinite | | |
| Comments: |  | | |
| For temporary terminations, the following must also be completed: | | | |
| Effective Date & Time of Redesignation: | Date: | | Time: 0100 MPT |
| Capacity to be Redesignated: (Must be less than or equal to terminated capacity) | MW | | |
| Attestation must be attached. |  | An attestation for redesignation of the network resource is attached. | |
| *Optional ~ Complete for concomitant requests only.* Customer requests that the following related TSR(s) be evaluated concomitantly with this request for temporary termination, such that this request for temporary termination and the following TSR(s) will be approved or denied as a single request. If the following TSR(s) cannot be ACCEPTED, then this temporary termination will be DENIED.  Related TSR Number(s): | | | |

*Return completed form by fax to (406) 497-2054 or by email to Trans-Svcs@northwestern.com.*