## Dear Customer,

We are happy to comply with your request for an Arc Flash study. In order to provide this information we ask that you complete the enclosed Arc Flash Request form. Please return the completed form to our Construction Control Center for processing; this may be done by email or U.S. mail.

Email – aesohioconstructionapps@aes.com

Or you may mail the completed form to the following location:

☐ AES Ohio Construction Control Center 1900 Dryden Rd. Dayton, OH 45439 Toll free: 800-424-5578 Phone: 937-331-4860

Your request will be submitted to our engineering department; please allow three weeks for processing after we receive your completed form. If your request is for multiple locations, it will require extra time for processing. You will be invoiced for the associated engineering fees *First Revised Sheet No. D26 of the tariff PUCO No.17Electric Distribution Service, Miscellaneous Service Charges.* These fees must be paid before the Arc Flash information will be provided. The information will be emailed to the address provided on the Arc Flash Request form identified in the Contact Information section or if you prefer the information can be faxed or mailed.

We appreciate the opportunity to assist you.



## Arc Flash/Fault Current Request

| DATE |   | WO                          |
|------|---|-----------------------------|
|      |   | (AES Ohio use only)         |
|      | Arc Flash   | All information is required |
|      | Location of site                                  |                             |
|      | Address   |                             |
|      | Address   |                             |
|      | City  | Zip Code                    |
|      | Company Name                                      |                             |
|      | AES Ohio Account #                                |                             |
|      | Phone   |                             |
|      |   |                             |
|      | Contact Information                               |                             |
|      | Contact information                               |                             |
|      | Requested by                                      |                             |
|      | Company name                                      | _                           |
|      | Address   |                             |
|      | Phone   |                             |
|      | Email   |                             |
|      | Fax   |                             |
|      |   |                             |
|      | Invoice information - Please send the invoice to: |                             |
|      | Company Name                                      |                             |
|      | Attention:  |                             |
|      |   |                             |
|      | Address   |                             |
|      | City  |                             |
|      | State   | _ Zip Code                  |
|      |   |                             |

