## **General Information**

## **ESR CHANGE RECOMMENDATION FORM**

| Company:   | Name:                                |                           | Date:     |        |             |
|--|--------------------------------------|---------------------------|-----------|--------|-------------|
| ESR Standard ID/Title: Sheet: of Recommendation Type: Addition: Change: Correction: Other: IMPORTANT: Is this recommendation related to a safety concern? Yes: No: Recommendation: Reason/Problem Encountered: Additional information: | Company:                             | Phone:                    | Email: _  |        | <del></del> |
| Recommendation Type: Addition: Change: Correction: Other: IMPORTANT: Is this recommendation related to a safety concern? Yes: No: Recommendation: Reason/Problem Encountered: Additional information:                                  | ESR Standard ID/Title:               |                           |           | Sheet: | of          |
| Reason/Problem Encountered:  |                                      |                           |           |        |             |
| Reason/Problem Encountered:  | IMPORTANT: Is this recommendation re | elated to a safety concer | n? Yes: _ | No:    |             |
| Reason/Problem Encountered:  |                                      |                           |           |        |             |
| Reason/Problem Encountered:  | Recommendation:                      |                           |           |        |             |
| Reason/Problem Encountered:  |                                      |                           |           |        |             |
| Reason/Problem Encountered:  |                                      |                           |           |        |             |
| Reason/Problem Encountered:  |                                      |                           |           |        |             |
| Reason/Problem Encountered:  |                                      |                           |           |        |             |
| Additional information:  |                                      |                           |           |        |             |
| Additional information:  |                                      |                           |           |        |             |
| Additional information:  |                                      |                           |           |        |             |
| Additional information:  | Reason/Problem Encountered:          |                           |           |        |             |
| Additional information:  |                                      |                           |           |        |             |
| Additional information:  |                                      |                           |           |        |             |
| Additional information:  |                                      |                           |           |        |             |
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|  | Additional information:              |                           |           |        |             |
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| <b>NV</b> Energy |      |       |       |  |  |
|------------------|------|-------|-------|--|--|
| Drawn:           | Eng: | Appr: | Date: |  |  |
| EG               | RD   | DA    | 5/10  |  |  |

**Electric Service Requirements** 

**ESR Change Recommendation Form** 

R-SB

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## **General Information**

Your ideas and recommendations are important to assist us in providing the best possible Service Requirements for the construction and operation of the NV Energy distribution system. Use this form to communicate those ideas to us.

Please complete the above information giving as much detail as possible (use the back of this form, if necessary), and attach any marked up drawings or sketches, material/equipment information, schematics, etc. to aid in the evaluation of the request. Send to:

NV Energy Supervisor, T&D Standards P.O. Box 98910, M/S B19AM Las Vegas, Nevada 89151-0001

Or FAX the T&D Standards Department at: (702) 402-6575.

