



Downrate Evaluation Form

Downrate Evaluation # _____ Date Submitted: _____ Expected Need Date: _____

Member Information (REQUIRED):

Name: _____

Address: _____

Phone: _____

Email: _____

Same for Billing? Yes ☐ No ☐

Project contact Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Legal Description and load for each service drop:

Account	Service Location	Meter #	Final load re-quired (hp or kW)	Largest Motor (hp or kW)	Comments

PRECorp will evaluate this downrate request and respond within 30 days for downrate requests up to 50 services regarding PRECorp's ability to reduce this load and discuss applicable costs, if any. This request is for engineering analysis only and shall not be construed as a commitment or request for downrate.

Printed Name

Signature

FOR OFFICE USE ONLY: