

**Request for Emergency Power Connection Form**

**Background Information**

Date of Request: \_\_\_\_\_ Building Name: \_\_\_\_\_

Department requesting Emergency Power Connection: \_\_\_\_\_

Department Dean/Director/Department Head: \_\_\_\_\_

System, Equipment, Circuits, etc. Requesting Connection to Emergency Back-up Power: [Please describe location(s) of systems, equipment, circuits involved in request.]

\_\_\_\_\_

Justification for Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Research Information Provided by Facilities Management**

Amount of Emergency Power Necessary to Fulfil Request: \_\_\_\_\_

Amount of Available Emergency Power in Building's Emergency Power Supply System:

\_\_\_\_\_

Cost to fulfil request: \_\_\_\_\_

Other Pertinent Information:

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Power Service Review Committee Determination**

Approved

Not Approved

Decision Justification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_