

eDART Email Group for New Default MVAR Ticket Notification Request Form

I _____on behalf of my company

Your Name (Printed)	
Company	/ Name
have been given permission by my comp	pany to request email notifications when New
Default MVAR Tickets are scheduled for	units my company has rights to see MVAR
	MVAR default notifications for these facilities
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may be deemed market sensitive; theref	fore, I agree that those who are members of the
email group below are employees of the	company I represent. I also agree that those
in the email group understand their resp	onsibility to not divulge MVAR default
notifications to other companies and have	,
Treamed to care companies and have	e agreed to be bearing by time racti
☐ ☐ Group Email A Requestor Info:	Address ¹ :Approver Info:
Printed Name:	Printed Name:
Title:	Title:
Signature:	Signature:
Date:	Date:
Phone:	PJM ONLY SECTION
Send completed form to: PJM Interconnection, LLC c/o Manager of Outage Analysis Techno 2750 Monroe Blvd. Valley Forge Corporate Center Audubon, PA 19403	ologies (Dave Hislop)
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¹ No more than one group email address is allowed per company. Your company will be responsible for managing who is in the email group. Please be certain to review all addresses in the email groups on a yearly basis.