



Customer's Fault Study Request

CUSTOMER INFORMATION

Name of Customer: _____

Name of Consulting Company: _____

E-mail Address: _____

Address of Fault Study: _____

Name of Lakeland Electric Planner: _____

Once Customer Information is completed, please send form to: [Services Eng](#)

LAKELAND ELECTRIC INFORMATION

Name of Lakeland Electric Planner: _____

Transformer Station Number: _____

Transformer Information: _____ KVA, _____ Volts (secondary)

Transformer Connection Configuration: _____

(LE Options include: **1**) Grd WYE / Grd Wye, **2**) Floating (UnGrd) WYE / Grd Delta (4-wire, 120/240V), **3**) Grd Open-WYE / Grd Open-Delta (4-wire, 120/240V), **4**) Floating (UnGrd) WYE / Floating Delta (3-wire, 240V 3-phase only) or **5**) Grd Open-WYE / Floating Open-Delta (3-wire, 240V 3-phase only))

Feeder: _____

Distance from Substation to Transformer: _____ miles

Once this Request Form is completed, please send it to: [ED System Protection](#)