



Dear Customer

We are happy to comply with your request for an Arc Flash study. In order to provide this information we ask that you complete the enclosed Arc Flash Request form. Please return the completed form to our Construction Control Center for processing; this may be done by email, fax or U.S. mail.

Email – [constructioncontrol@dplinc.com](mailto:constructioncontrol@dplinc.com)

Or you may mail or fax the completed form to the following locations:

**South Control Center**  
Dayton Power & Light  
Construction Control Center  
1900 Dryden Rd.  
Dayton, OH 45439  
Toll free: 800-424-5578  
Phone: 937-331-4860  
Fax: 937-331-4272

**North Control Center**  
Dayton Power & Light  
Construction Control Center  
2385 Campbell Road  
Sidney, OH 45365  
Toll free: 800-357-5215  
Phone: 937-331-3670  
Fax: 937-331-3680

If your address is in the following counties: Van Wert, Hardin, Mercer, Union, Shelby, Delaware, Champaign, Logan, Darke or Auglaize counties please submit your request to the North Control Center. Requests in any other county in our service territory are served from our South Control Center.

Your request will be submitted to our engineering department; please allow three weeks for processing after we receive your completed form. If your request is for multiple locations, it will require extra time for processing. You will be invoiced for the associated engineering fees *First Revised Sheet No. D26 of the tariff PUCO No.17 Electric Distribution Service, Miscellaneous Service Charges*. These fees must be paid before the Arc Flash information will be provided. The information will be emailed to the address provided on the Arc Flash Request form identified in the Contact Information section or if you prefer the information can be faxed or mailed.

We appreciate the opportunity to assist you.

## ARC FLASH REQUEST

DATE \_\_\_\_\_

WO \_\_\_\_\_  
(DP&L use only)

### LOCATION OF SITE

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

DP&L ACCOUNT # \_\_\_\_\_

PHONE \_\_\_\_\_

### CONTACT INFORMATION

REQUESTED BY \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

FAX \_\_\_\_\_

### INVOICE INFORMATION

*Please send the invoice to:*

COMPANY NAME \_\_\_\_\_

ATTENTION: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL (if different from contact information) \_\_\_\_\_

FAX \_\_\_\_\_ PHONE \_\_\_\_\_