



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

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 _____