



Solar Energy Facility Operator Information Form

Return completed form to PUDEnergy@occ.ok.gov

Solar Energy Facility Name			
Solar Energy Facility Address			
Operator Company Information			
Name - company name or individual name			
DBA - (Doing Business As)			
Address - Physical street address			
City, State Zip Code			
Phone #			
Billing Address Attention - department, person			
Billing Address - street or PO Box.			
Billing City, State ZipCode			
Owner Company Information (if Different from Operator)			
Name - company name or individual name			
DBA - (Doing Business As)			
Address - Physical street address			
City, State Zip Code			
Phone #			
Contact Name(s)			
Contact Title(s)			
Contact Phone			
Contact Email			
Operator Other Contact Information			
Customer Service		Repair and Maintenance	
Name		Name	
Title		Title	
Phone #		Phone #	
Email		Email	
Regulatory Matters		Outstanding Invoices	
Name		Name	
Address		Address	
Phone #		Phone #	
Email		Email	
After-hours Emergency		Attorney for Regulatory Matters	
Name		Name	
Address		Address	
Phone #		Phone #	
Email		Email	

Reference Oklahoma Statute 17 O.S. §§ 809 and 17 O.S. §§ 820 ;

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