



# Power Cost Equalization Contact Information Sheet

Utility Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Utility Official: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person for PCE Questions: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Is your utility computerized? \_\_\_\_\_

Are there individuals within your utility that need training? \_\_\_\_\_

Types of training needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any other information about your utility that will assist us in communicating with your utility (i.e. office hours).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH COMPLETED FORM WITH YOUR NEXT PCE REPORT OR EMAIL TO: [PCE@AKEnergyAuthority.org](mailto:PCE@AKEnergyAuthority.org)**