

**REQUEST FOR INFORMATION
CRITICAL ENERGY INFRASTRUCTURE INFORMATION (“CEII”)
PURSUANT TO PROTECTIVE ORDER**

1. This form must be accompanied by an original signed Non-Disclosure Agreement or a Subscription to a Protective Order entered in an administrative proceeding, if you are a party or intervenor in an administrative proceeding and are not employed by the Independent System Operator, New England (ISO-NE) or a federal or state agency. If you have already signed a CEII Non-Disclosure Agreement, please provide the date: _____

2. The undersigned requests the following information:

Connecticut Siting Council Docket No. 435, Stamford Reliability Cable Project,
CEII Appendix to Application

Any additional material to be filed in this Docket for which CEII status is claimed by the Applicant.

3. The undersigned is:
- a party or intervenor in the proceeding identified in paragraph 3, having been admitted as such on _____.
 - an employee of ISO-NE or another independent system operator or regional transmission organization in North America
 - a state agency employee
 - a federal agency employee
 - an employee of the electricity reliability organization or regional entity
 - an employee of a transmission owner in another control area
 - a consultant of one of the entities listed above who has been retained to provide advice regarding the matter described in no. 5 below

4. Give the name of your employer and your title: _____

5. The undersigned represents warrants and agrees that the information is to be used solely for the following purpose [describe in detail]: _____

6. If you are a consultant, provide the name and contact information of an individual at the organization that has retained you so that we may verify your role: _____

I acknowledge that the foregoing is true and accurate, and agree to give NUSCO immediate notice if any of the foregoing is no longer true. I also consent to NUSCO and its affiliated companies sharing the fact that this request has been made and/or granted, and agree that NUSCO and its parent and affiliated companies shall have no liability to me in connection with this request.

Signature: _____ Name (please print): _____

Organization: _____ Business Address: _____

Email: _____ Phone: _____

Fax: _____ Date: _____