**FORM D**

**STABILITY COMPENSATION SERVICE FAX FORM FOR**

**RESTORATION NOTICE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Facility:** |  |  | **Tel:** |  |
| **Contract Number:** |  |  | **Standby Tel:** |  |
| **Company Name:** |  |  | **Fax:** |  |
| **Company Address:** |  |  | **Standby Fax:** |  |

**We hereby notify you that the [Contracted Inertia Capability] [Contracted SCL Capability] of the Facility will be restored with effect from the period commencing:**

|  |  |
| --- | --- |
| **Date** | **Time** |
|  |  |

|  |
| --- |
| **Reason for Restoration of [Contracted Inertia Capability] [Contracted SCL Capability] :** |
|  |
|  |
|  |
|  |
|  |

**Fax Sent By (Print name): ........................................ Date: ....................Time: .................**

**Signature: .........................................**

###### **Acknowledged by National Grid Electricity System Operator**

###### **(Print name): …………………………………………**

**Signature: ................................................ Date: ..................... Time: ..................**

**National Grid Electricity System Operator Control**

**National Grid Electricity System Operator Control**

**Fax number: [ ] Standby Fax: [ ]**

**Telephone: [ ] Standby Phone: [ ]**

**Email: [ ]**