**FORM A**

**STABILITY COMPENSATION SERVICE FAX FORM FOR
DECLARATION OF UNAVAILABILITY**

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

**We hereby notify you that the Stability Compensation Service of the above Facility will be Unavailable as follows:**

|  |  |
| --- | --- |
| **Unavailability Period** | **Estimated Restoration of Availability** |
| **Date** | **Time** | **Date** | **Time** |
|   |   |   |   |

**Period commencing:**

**Reasons for the Facility being Unavailable:**

**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: [ ]**