**FORM B**

**STABILITY COMPENSATION SERVICE FAX FORM FOR**

**RESTORATION OF AVAILABILITY**

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

**We hereby notify you that the Stability Compensation Service of the Facility will be restored with effect from the period commencing:**

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

|  |
| --- |
| **Reason for Restoration of Availability:** |
|  |
|  |
|  |
|  |
|  |

**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: [ ]**