



**Wind Energy Facility Bonding and Decommissioning
Facility Information and Land Owner Interest Form**

Name of the Facility: _____

Location (County): _____

Cumulative Nameplate Rated Capacity: _____

Primary Contact for Bonding and Decommissioning Communication

Name and Title: _____

Business Address: _____

Phone Number: _____

E-mail: _____

Secondary Contact

Name and Title: _____

Business Address: _____

Phone Number: _____

E-mail: _____

Date Facility Commenced Commercial Operation

Date (Month Day, Year): _____

Please attach the signed turbine completion certificate for the turbine that brings the facility's cumulative nameplate rated capacity to 1 megawatts or more.

Name of Landowner(s) on which the wind generation facility is located

(Please attach additional pages as necessary)

Name of Landowner	<input type="checkbox"/> Non-government entity <input type="checkbox"/> Governmental entity (federal, state, tribe, local)
Name of Landowner	<input type="checkbox"/> Non-government entity <input type="checkbox"/> Government entity
Name of Landowner	<input type="checkbox"/> Non-government entity <input type="checkbox"/> Government entity

For non-governmental entities, please describe the ownership interest they have in the wind energy facility (i.e. ownership share percentage).