



NOTICE: This report is **mandatory** under the Federal Energy Administration Act of 1974 (Public Law 93-275). Failure to comply may result in criminal fines, civil penalties and other sanctions as provided by law. For further information concerning sanctions and data protections see the provision on sanctions and the provision concerning the confidentiality of information in the instructions. **Title 18 USC 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction.**

SCHEDULE 1. IDENTIFICATION

Who is the survey contact?

-Contact EIA by email at EIA-861M@eia.gov to correct or update this information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Title:	<input type="text"/>		
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>		

Who is the survey contact's supervisor?

-Contact EIA by email at EIA-861M@eia.gov to correct or update this information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Title:	<input type="text"/>		
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>		

What company is the form being completed for?

Company Name:	<input type="text"/>
Company ID	<input type="text"/>

Enter the month and year that data are being reported for: **2017**

Respondent Type

<input type="checkbox"/> Federal	<input type="checkbox"/> State Municipal
<input type="checkbox"/> Political Subdivision	<input type="checkbox"/> Investor-Owned
<input type="checkbox"/> Municipal Marketing Authority	<input type="checkbox"/> Retail Power Marketer (or Energy Service Provider)
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Behind the Meter
<input type="checkbox"/> Independent Power Producer or Qualifying Facility	

For questions or additional information about the Form EIA-861M, contact the Survey Manager:

Peter Wong
Telephone: (202) 586-7574
Fax: (202) 287-1938
Email: eia-861M@eia.gov



Independent Statistics & Analysis

U.S. Energy Information Administration

FORM EIA-861M
MONTHLY ELECTRIC POWER
INDUSTRY REPORT

OMB No. 1905-0129

Approval Expires: xx/xx/xxxx

Burden Hours: 2.04

Company Name: []

Company ID: [] Reporting Month: [] Reporting Year []

SCHEDULE 2. PART A. SALES TO ULTIMATE CUSTOMERS - FULL SERVICE - ENERGY AND DELIVERY SERVICE (BUNDLED)

Table with 6 columns: State, RESIDENTIAL (a), COMMERCIAL (b), INDUSTRIAL (c), TRANSPORTATION (d), TOTAL (e). Rows include Revenue, Megawatt hours Sold and Delivered, and Number of Customers.

Table with 6 columns: State, RESIDENTIAL (a), COMMERCIAL (b), INDUSTRIAL (c), TRANSPORTATION (d), TOTAL (e). Rows include Revenue, Megawatt hours Sold and Delivered, and Number of Customers.

Table with 6 columns: State, RESIDENTIAL (a), COMMERCIAL (b), INDUSTRIAL (c), TRANSPORTATION (d), TOTAL (e). Rows include Revenue, Megawatt hours Sold and Delivered, and Number of Customers.

Table with 6 columns: State, RESIDENTIAL (a), COMMERCIAL (b), INDUSTRIAL (c), TRANSPORTATION (d), TOTAL (e). Rows include Revenue, Megawatt hours Sold and Delivered, and Number of Customers.

Note:



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Reporting Year: 2017

SCHEDULE 2. PART B. SALES TO ULTIMATE CUSTOMERS - ENERGY-ONLY SERVICE (WITHOUT DELIVERY SERVICE)

Table with 7 columns: State, RESIDENTIAL (a), COMMERCIAL (b), INDUSTRIAL (c), TRANSPORTATION (d), TOTAL (e). Rows include Revenue, Megawatt hours, Number of Customers, and Names of Companies.

Table with 7 columns: State, RESIDENTIAL (a), COMMERCIAL (b), INDUSTRIAL (c), TRANSPORTATION (d), TOTAL (e). Rows include Revenue, Megawatt hours, Number of Customers, and Names of Companies.

Table with 7 columns: State, RESIDENTIAL (a), COMMERCIAL (b), INDUSTRIAL (c), TRANSPORTATION (d), TOTAL (e). Rows include Revenue, Megawatt hours, Number of Customers, and Names of Companies.

Note:



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Reporting Year: 2017

SCHEDULE 2. PART C. SALES TO ULTIMATE CUSTOMERS - DELIVERY-ONLY SERVICE (AND ALL OTHER CHARGES)

Table with 7 columns: State, RESIDENTIAL (a), COMMERCIAL (b), INDUSTRIAL (c), TRANSPORTATION (d), TOTAL (e). Rows include Revenue, Megawatt hours, Number of Customers, and List Names of Companies.

Table with 7 columns: State, RESIDENTIAL (a), COMMERCIAL (b), INDUSTRIAL (c), TRANSPORTATION (d), TOTAL (e). Rows include Revenue, Megawatt hours, Number of Customers, and List Names of Companies.

Table with 7 columns: State, RESIDENTIAL (a), COMMERCIAL (b), INDUSTRIAL (c), TRANSPORTATION (d), TOTAL (e). Rows include Revenue, Megawatt hours, Number of Customers, and List Names of Companies.

Note:



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Company Name:
 Company ID: Reporting Month: Reporting Year:

SCHEDULE 2. PART D. SALES TO ULTIMATE CUSTOMERS - BUNDLED SERVICE BY RETAIL ENERGY PROVIDERS, OR ANY POWER MARKETER THAT PROVIDES "BUNDLED SERVICE."

State	RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	TOTAL (e)
Revenue (thousand dollars) (To nearest 0.001)					\$0
Megawatt hours Delivered (MWh) (To nearest 0.001)					0
Number of Customers					0

State	RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	TOTAL (e)
Revenue (thousand dollars) (To nearest 0.001)					\$0
Megawatt hours Delivered (MWh) (To nearest 0.001)					0
Number of Customers					0

State	RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	TOTAL (e)
Revenue (thousand dollars) (To nearest 0.001)					\$0
Megawatt hours Delivered (MWh) (To nearest 0.001)					0
Number of Customers					0

Note:



**FORM EIA-861M
 MONTHLY ELECTRIC POWER INDUSTRY
 REPORT**

Entity Name:
 Entity ID:

Data Year: 2017

SCHEDULE 3. PART A. NET METERING PROGRAMS

Net Metering programs allow customers to sell excess power they generate back to the electrical grid to offset consumption. Provide the information about programs by State, balancing authority, customer class, and technology for all net metering applications.

State	Nature of Reported Data AC () DC ()	RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	TOTAL (e)
Photovoltaic	Installed Net Metering Capacity (MW)					0.000
	Number of Net Metering Installations					0
	Installed Storage Capacity (MW)					0.000
	Number of Storage Installations					0
	Installed Virtual Net Metering Capacity (MW) from generators 1 MW or larger					
	Number of Virtual Net Metering Customers from generators 1 MW or larger					
	Installed Virtual Net Metering Capacity (MW) from generators less than 1 MW					0.000
	Number of Virtual Net Metering Customers from generators less than 1 MW					0
	If Available, Enter the Electric Energy Sold Back to the Utility (MWh)					0
Wind	Installed Net Metering Capacity (MW)					0.000
	Number of Net Metering Installations					0
	If Available, Enter the Electric Energy Sold Back to the Utility (MWh)					0
Other	Installed Net Metering Capacity (MW)					0.000
	Number of Net Metering Installations					0
	If Available, Enter the Electric Energy Sold Back to the Utility (MWh)					0
Total	Installed Net Metering Capacity (MW)	0	0	0	0	0.000

	Number of Net Metering Installations	0	0	0	0	0
	If Available, Enter the Electric Energy Sold Back to the Utility (MWh)	0	0	0	0	0





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Entity Name:

Entity ID:

**MONTHLY ELECTRIC POWER
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SCHEDULE 3. PART B. NON NET-METERED DISTRIBUTED GENERATORS

If your company owns and/or operates a distribution system, please report information on known distributed generation (grid connected/synchronized) capacity on the system. Such capacity may be utility or customer-owned. See page 18 on instructions.

NUMBER AND CAPACITY

State		< 1 MW		
LINE NO.			LINE NO.	
1	Number of generators		3	Capacity that consists of backup-only units
2	Total combined capacity (MW)		4	Capacity owned by respondent

CAPACITY by TECHNOLOGY and SECTOR (MW)

		Residential	Commercial	Industrial	Transportation	Direct Connected	Total
5	Internal combustion						0.000
6	Combustion turbine(s)						0.000
7	Steam turbine(s)						0.000
8	Fuel Cell(s)						0.000
9	Hydroelectric						0.000

10	Photovoltaic						0.000
11	Storage						0.000
12	Wind turbine(s)						0.000
13	Other						0.000
14	Total	0.000	0.000	0.000	0.000	0.000	0.000



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SCHEDULE 4 MERGERS and/or ACQUISITIONS

Were there any mergers and/or acquisitions during the reporting period?

[] Yes
[] No (if no, skip to Schedule 5)

If yes, provide:

Date of merger or acquisition []
Company merged with or acquired []
Name of new parent company []
Address []
City [] State [] Zip []
First Name [] Last Name []
Telephone []
Email []