



**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 25 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). Ref. ARM 17.86.105