

**Southern Company Transmission**

**Billing Dispute Identification Questionnaire**

1. **Today's Date:** Click or tap here to enter text. **TSR aRef:** Click or tap here to enter text.
2. **Company Name:** Click or tap here to enter text.
3. **Contact Name:**  Click or tap here to enter text. **Title:** Click or tap here to enter text.

**Phone:**  Click or tap here to enter text. **E-mail:** Click or tap here to enter text.

*Please be as specific as possible when describing the item in dispute and reasoning below:*

1. **Is this a new or an existing dispute?** Click or tap here to enter text.
2. **What is the nature of the dispute (charge, revenue, etc.)?** Click or tap here to enter text.
3. **Date of service(s):** Click or tap here to enter text.
4. **Do you feel a calculation error has been made on your invoice?** Click or tap here to enter text.
5. **What is the specific nature of the dispute?** Click or tap here to enter text.
6. **What are the reasons the dispute is being initiated?** Click or tap here to enter text.
7. **Counterparties? (If applicable):** Click or tap here to enter text.

*Please attach any additional documentation to this Identification Questionnaire Form.*

*Remite form and related documentation to Will Bonner, Contract Analyst at* transbill@southernco.com.