



## DISTRIBUTED GENERATION DISPUTE FORM

A member who has a dispute with the Cooperative with respect to the member's or the Cooperative's rights or obligations regarding distributed generation (such as wind generation or solar facilities) shall first complete this form. The Cooperative will schedule an informal meeting between you and the Cooperative's CEO within 10 business days of receipt of this form. If that meeting does not resolve the dispute, then a hearing by the Cooperative's Board of Directors will be scheduled. This process is governed by the Cooperative's distributed generation rules as authorized by Minnesota Statutes §216B.164, Subd. 11.

1. Date: \_\_\_\_\_
  
2. Your name, address, email address, and phone number:  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Describe the nature of the dispute: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Describe the statute, rule, policy, regulation, or other authority, if any, that you claim is at issue: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. The date when the dispute arose: \_\_\_\_\_
  
6. How should this dispute be resolved? Describe what you are requesting from the Cooperative: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Identify any individuals who you believe have knowledge related to this dispute:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. In the event that a hearing by the Board of Directors is needed, please provide the following:

A. In addition to yourself, will any other persons testify at the hearing? Yes \_\_\_\_ No \_\_\_\_  
If so, please list their names and contact information (address, email address, and phone number):

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B. How much time will you need to present your side of this dispute? \_\_\_\_\_ hour(s).

C. Will you be represented by legal counsel? If so, who? (List name, address, email address, and phone number): \_\_\_\_\_

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Thank you.

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Signature of Member

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