**SUMMARY INFORMATION**

|  |  |
| --- | --- |
| **Respondent’s Name** | *e.g., XYZ Power Inc*. |
| **Type of Stakeholder** | *e.g., Generator* |
| **Contact name (for any queries)** | *e.g., John Doe* |
| **Contact Email Address** | *e.g., jd@xyz.com* |
| **Contact Telephone Number** | *e.g., 123 456 789* |
| **Confidential Response** | [Y] / [N] |

**Capacity Market Code Modifications Consultation COMMENTS:**

| **ID** | **Proposed Modification and its Consistency with the Code Objectives** | **Impacts Not Identified in the Modification Proposal Form** | **Detailed CMC Drafting Proposed to Deliver the Modification** |
| --- | --- | --- | --- |
| **CMC\_17\_23:** Updates to Locational Capacity Constraint (LCC) Areas |  |  |  |

NB please add extra rows as needed.