



**Interconnection Application
For Grid Connected Solar Energy Generating Systems
Under 10kW**

Customer Information

Property Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Address of Installation (if different than above): _____

Daytime Phone: _____ Evening Phone: _____

Utility Customer Account Number (from utility bill): _____

Generating Facility Information

Generator Size (kW Volts AC/DC): _____

Inverter Manufacturer: _____ Inverter Model: _____

Inverter Serial Number _____

Inverter Output Power Rating (kV, kVA, AC Volts): _____

Inverter Location: _____

Manual Disconnect Location: _____

Note: Visible Disconnect required for line worker safety

Battery Backup: Yes No

Planned Installation Information

Proposed Start Date: _____

Electrical Contractor: _____ Contractor #: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____