



ROWLEY MUNICIPAL LIGHTING PLANT

NET METERING APPLICATION AND COMPLIANCE FORM

For Installation of Customer-Owned, Grid Connected
Electric Generating Systems of 10 kW or Less

A. Applicant Information:

Name: _____

Mailing Address: _____

Installation Address: _____ Electric Account # _____

Daytime Phone: _____ Email: _____

B. System Installer Information:

Company Name: _____

Contact Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

C. Electric System Information

Identify Type of System: Solar PV Array Fuel Cell Wind Other

System Description: _____

Manufacturer: _____

Type/Style: _____

Nameplate Data: _____

Voltage & Frequency: _____

Maximum kW Output: _____

D. Inverter Information

Manufacturer & Model # _____

Nameplate Data: _____

Voltage & Frequency: _____

Operating Power Factor: _____

Location: Indoor Outdoor Location on Property: _____

E. Installation

1. Proposed installation date: _____

2. Submit/Attach a one-line diagram for proposed electrical system (see attached example).

F. Interconnection Compliance & Owner Acknowledgement

- The electrical system referenced above shall meet Rowley Municipal Lighting Plant's (RMLP's) "Interconnection Standards for Customer-Owned, Grid Electric Generating Systems of 10kW of less".
- Customer shall be solely responsible for obtaining and complying with any and all necessary easements, licenses and permits, or exemptions, as may be required by any federal, state, local statutes, regulations, ordinances or other legal mandates.
- The customer shall submit documentation to RMLP that the system has been inspected and approved by the local permitting agency regarding electrical code requirements.
- Customer shall not commence parallel operation of the generating system until written approval of the interconnection has been given by RMLP.
- By signing of this Application and Compliance Form, Customer acknowledges they have received the Net Metering Policy as approved by the Rowley Light Commission.

Signed (Customer): _____ Date: _____

APPROVAL:

Office Manager: _____ Date: _____

Superintendent: _____ Date: _____

General Manager: _____ Date: _____