NET METERING WORKSHEET		
Name(s) on account:	Existing Ac	count: #
Name(s) on account:		
Service Address:	_ Mailing Address:	
	_ (if different)	
Phone Number:	Cell Number:	
MEMBER: Please complete the steps outling  1. ☐ Fill out Interconnect Application		
2. Provide proof of sufficient insurance coverage to participate in the program		
3.   Excess Generation Option:   Annual True Up		
Indefinite Roll-over (must complete election form)		
4. Provide PV Watts Schedule of anticipated production- Size of array DC		
5. Participating in the RECs program? Yes Signed contract?		
6. Provide construction documents sheets, visible open disconnect, site plan drawi	for approval (e.gele	<del>-</del> · · · ·
7. Completed Form W9 – Taxpayer Identification		
8. Copy of completed electrical inspection including sign-off		
Return all signed documents to Empire Electric's main office (801 N Broadway)		
Empire Electric to complete:		
☐ Received Interconnect Application for N	et Metering	Date:
☐ Proof of sufficient insurance coverage pr	ovided	Date:
☐ If Indefinite Roll-over selected, complete	ed form submitted	Date:
☐ Completed REC contract if applicable		Date:
☐ Service Order created for meter change	out	Date:
☐ Meter # Set by:		Date:
Information entered into data base for Net Metering/RECs participants		

**Date:** \_\_\_\_\_

Special conditions and/or remarks:

Received by: \_\_\_\_\_