

BEREA MUNICIPAL UTILITIES
NET BILLING NOTIFICATION FORM

INTERCONNECTION NOTIFICATION

APPLICANT HEREBY GIVES NOTICE OF INTENT TO OPERATE A GENERATING FACILITY.

Section 1. Applicant Information:

Name: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____

Facility Location (if different from above): _____

Daytime Phone Number: _____

BMU Account Number: _____

Section 2. Generating Facility Information:

Generator Type (check one): Solar ____ Wind ____ Hydro _____

Generator Manufacturer, Model Name & Number: _____

Power Rating in Kilowatts: AC: _____ DC: _____

Inverter Manufacturer, Model Name & Number: _____

Serial Number: _____

Battery Backup (yes or no): _____

Section 3. Installation Information:

Installation Date: _____

Proposed Interconnection Date: _____

Section 4. Certifications:

1. The system hardware is listed by Underwriters Laboratories to be in compliance with UL 1741.

Signed (Vender): _____ Date: _____

Name (printed): _____ Company: _____
Phone Number: _____

2. The system has been installed in accordance with the manufacturer's specifications as well as all applicable provision of the National Electric Code.

Signed (Licensed Electrician): _____ Date: _____

License Number: _____

Phone Number: _____

Mailing Address: _____

City: _____ State: KY Zip Code: _____

3. Applicant Certification:

I hereby certify that, to the best of my knowledge, all of the information provided in this Notice is true and correct.

Signature of Applicant: _____

Date of Application: _____

4. Utility signature only signifies receipt of this form.

Signed (BMU Representative): _____

Date: _____