

**APPLICATION FOR RESIDENTIAL SOLAR GENERATION FACILITY**

**MAXIMUM 25 KW-AC**

Return Completed Application to: Hancock-Wood Electric Cooperative  
billing@hwe.coop  
1399 Business Park Drive South  
North Baltimore OH 45872

Member's Name: \_\_\_\_\_

Member's Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Service Address: \_\_\_\_\_

Information Prepared and Submitted By: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

The following information shall be supplied by the Member or Member's designated representative. All applicable items must be accurately completed in order that the Member's generating facilities may be effectively evaluated for interconnection with the Cooperative's Distribution System.

**SOLAR GENERATOR DETAILS**

PV Module Rating (W-DC): \_\_\_\_\_

Number of PV Modules: \_\_\_\_\_

Total PV Module Rating (kW-DC): \_\_\_\_\_

Inverter Type (String, Micro, or Other): \_\_\_\_\_

Number of Inverters: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Individual Inverter Rating (kW-AC) \_\_\_\_\_

