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 representative. All applicable items must be accuragenerating facilities may be effectively evaluated for Distribution System.	ately completed in order that the Member's
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)_____

Total Rating of all combined Inverters (kW-AC)	
Do you plan to interconnect the generator and operate in parallel with the Cooperative's electric distribution facilities?: Yes No	
Estimated annual production of electric energy from solar generation:Kilowatt-hours	
Estimated annual requirements for electric energy at the service address:Kilowatt-hours	
Expected Energizing and Start-up Date	
This application requires the following to be considered complete:	
 One-line diagram Site drawing that shows location of inverter, modules, meter, and accessible disconnect switch Spec sheet for inverter(s) Spec sheet for PV module(s) Proof of Personal Liability Insurance Coverage (\$250,000 mininum) Payment of Application Fee 	
Application fee: \$\frac{200}{}	
Check or credit card payable to:	
Hancock-Wood Electric Cooperative 1399 Business Park Drive South North Baltimore OH 45872 1-800-445-4840	
By:(Signature)	
Name:(Print)	
Title:	
Date:	