CERTIFICATE OF COMPLETION AND INTERCONNECTION

INSTALLATION INFORMATION -	
Interconnected Customer:	Contact Person:
Mailing Address:	
Location of Facility (if different from above):	
City:	State: Zip Code:
Telephone (Daytime):	Telephone (Evening):
Email Address:	<u> </u>
ELECTRICIAN (Needed ONLY if a new installation)	
Name (please print):	Signature:
Mailing Address:	
City:	State: Zip Code:
Telephone (Daytime):	Telephone (Evening):
Facsimile Number:	Email Address:
License Number:	METER INFORMATION (Required)
Project Approval Date:	Meter Manufacturer:
Application Number:	Meter Model #:
	Initial Meter Reading
The system has been installed and inspected in compliant user. System includes proper interconnection and disconnection are condition of interconnection, you are required to send	d a copy of the signed electrical permit with this form. Effective production start date
	Department Manager signature authorizes PV system to be interconnected to the
local electrical distribution system.	
Approved: (Required ONLY for new instal	lation)
Electrical Inspector Signature:	Light Department Manager Signature:
Town of:	Town of:
Print Name:	Print Name:
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