

Park Electric Cooperative Interconnection Application

A. System Owner Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Service Address: _____

Phone: _____ Account No. _____

B. System Information

Location (if different from above): _____

Type of generator: Solar Photovoltaic: Wind: Hydro: Other _____

Name Plate Generating Capacity DC kW _____

April will be your Annual True-up Month.

Inverter Manufacturer: _____ Inverter Model: _____

Estimated Install Date: _____ Estimated In-Service Date: _____

C. Interconnection Customer Acknowledgement

I hereby certify that, to the best of my knowledge, the information provided in this Application is true. I agree to abide by the Renewable Energy Interconnection Policy.

Signed (System Owner): _____ Date: _____

D. Utility Approval

Interconnection of the above mentioned facility is approved contingent upon the return of the Interconnection Agreement, proof of insurance and Park Electric Cooperative inspection once completed.

Signed: _____ Date: _____

Park Electric Cooperative