<u>APPLICATION FOR RESIDENTIAL SOLAR GENERATION FACILITY (< OR = 25 KW-DC)</u>

Midwest Electric Derek Backs

Return Completed Application to:

06029 County Re	oad 33A			
St. Marys, OH 4:	5885			
Member's Name:				
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 Customer or Cust representative. All applicable items must be accurately completed in generating facilities may be effectively evaluated for interconnection Distribution System.	order that the Customer'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:				

Indivi	lividual Inverter Rating (kW-AC)				
Total :	tal Rating of all combined Inverters (kW-AC)				
•	you plan to interconnect the generator and operate tribution facilities?:Yes	-	poperative's electric		
Estima	timated annual production of electric energy from	solar generation:	Kilowatt-hours		
Estimated annual requirements for electric energy at the service address:Kilowatt-hours					
Expec	pected Energizing and Start-up Date				
This a	is application requires the following to be consider	ed complete:			
0	One-line diagram				
0	 Site drawing that shows location of inverter, modules, meter, and accessible disconnect switch 				
0	Spec sheet for inverter(s)				
0	Spec sheet for PV module(s)				
0	o Payment of Application Fee				
Applio	plication fee:Yes \$ <u>250.00</u>				
Check	ecks are payable to				
	-	at			
DATE	ATE: [CUSTOMER]	NAME]			
	By:(Signatu	ure)			
	Name:				
	Title:				