

NET METERING APPLICATION FORM

Section 1. Net Metering Applicant's Contact Information: Name: _____ Mailing Address: City: _____ State: ____ Zipe Code: ____ Telephone Number: _____ E-Mail Address: _____ **Section 2. Location of Net Metering Installation:** Block Island Utility District Account Number: ______ If address is the same as above, check here: Street Adress/Fire Number: ______ City: Block Island State: RI Zip Code: 02807 Section 3. Solar Developer/Installer Information: Company Name: Street Address: City: _____ State: ____ Zip Code: ____ Telephone Number:

E-Mail Address:

Section 4: Description of Net Metering Installation:

Total Nameplate AC Capacity of the Eligible	Net Metering Facilty:	kW
Total DC Capacity of the Eligible Net Meteri	ng Facilty:	kW
Total Estimated Annual AC Output of the Ne	et Metering Facilty:	kWh
Generation Type: Photovoltaic:	Wind Turbine:	Other:
Section 5: Description of Net Metering	Installation:	
Utility District Member Signature:		Date:
Developer/Installer Signature:		Date:
Approved by Block Island Utility District:		Date:
This net metering application is valid for two must be built and commissioned within that from the utility district's list of approved proagain. The net metering size limitations will	t twelve month period or the pjects and the application p	e project will be removed rocess must be completed
Please contact the Block Island Utility Districto be connected and to have a meter install		e installation is ready
Mail Completed Application To:	Or:	
Block Island Utility District	Email to: jwright@blockisl	andutilitydistrict.com
PO Box 518		
Block Island, RI 02807		