

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 Member or Member's designated representative. All applicable items must be accurately completed in order that the Member's generating facilities may be effectively evaluated for interconnection with the Cooperative's Distribution System.

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) _____

