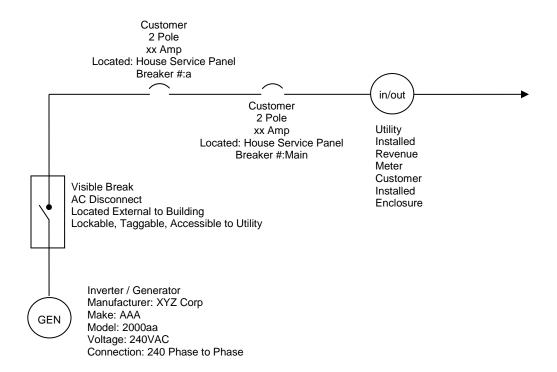


NET METERING APPLICATION

For Projects with Aggregate Generator Output 20 kW or Less

ELECTRIC UTILITY CONTACT INFORMATION		FOR OFFICE USE ONLY
_		Application Number
Consumers Energy Interconnection Coordinator 1945 West Parnall Road (Room P14-205) Jackson, MI 49201 (517)788-1432 Net Metering E-mail: net_metering@cmsenergy.co	om	Date and Time Application Received
CUSTOMER / ACCOUNT INFORMATION Electric Utility Customer Information (As shown on utility bill)		
Customer Name (Last, First, Middle)	Customer Mailing Address	
Customer Phone Number ()	Customer E-mail Address (Optional)	
Electric Service Account Number	Electric Service Meter Number	
Are you interested in selling Renewable Energy Credits (REC's)? Yes No		n Alternative Electric Supplier? No If Yes, Name
Notes: Enter name ONLY if your energy is supplied by a 3 rd party, not the utility. You must apply to both the Distribution Utility and your Alternate Energy Provider (if applicable) for Net Metering		
GENERATION SYSTEM SITE INFORMATION		
Have You Completed a Generator Interconnection Application? Yes No	Interconnection	Application Number (If Known)
Physical Site Service Address (If Not Billing Address)		
Annual Site Requirements Without Generation in Kilowatt Hours kWh/year	Peak Annual Si kW	te Demand in Kilowatts (only for customers billed on Demand Rates)
GENERATION SYSTEM INFORMATION		
System Type (Solar, Wind, Biomass, Fuel Cell, etc.)	Total Generato	or(s) Nameplate DC Rating (Solar Only)
Total Generator(s) Nameplate AC Rating kW	Generator(s) A	C Output Voltage
Generator Wiring Configuration (Single Phase, Three Phase) kW	Expected AnnukWh/y	ual Output in Kilowatt Hours rear
CUSTOMER SIGNATURE AND FEES		
Attach \$25 Net Metering Application Fee		
☐ Check #		
□ Money Order #		
Sign and Return Completed Application with Application Fee to Electric Utility Contact		
To the best of my knowledge, all the information provided in this application form is complete and correct.		
Customer Signature		Date

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