

TEMPLETON MUNICIPAL LIGHT & WATER PLANT
Non-Utility Generation Interconnection Application
for Facilities with Inverter Capacity of 10 kW or Less

Contact Information:

Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)

Customer or Company Name (print): _____ Contact Person, if Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Electrical Contractor Contact Information (if appropriate):

Name: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Ownership Information (include % ownership by any electric utility): _____

Facility Information:

Address of Facility: _____

City: _____ State: _____ Zip Code: _____

Electric Service Company: _____ Account Number (if available): _____

Inverter Manufacturer: _____ Model Name and Number: _____ Quantity: _____

Nameplate Rating: _____(kW) _____(kVA) _____(AC Volts) Single ___ or Three ___ Phase

System Design Capacity: _____ (kW) _____ (kVA)

Prime Mover: Photovoltaic Reciprocating Engine Fuel Cell Turbine Other _____

Energy Source: Solar Wind Hydro Diesel Natural Gas Fuel Oil Other _____

UL 1741 Listed? Yes ___ No ___

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

Customer Signature

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the TMLWP Standard Terms and Conditions:

Interconnecting Customer Signature: _____ Title: _____ Date: _____

Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.