



NET METERING APPLICATION

Section 1. Customer/Owner Information

Customer Name: _____

Mailing Address: _____

Daytime Phone: _____ Fax: _____

Cellular Phone: _____

Email: _____

Will the Customer own or lease the System: Own Lease

If the system is leased, please provide the equipment owner's contact information below:

Owner Name: _____

Mailing Address: _____

Daytime Phone: _____ Fax: _____

Section 2. Facility Information

PUD Account No: _____

Installation Address: _____

Site Contact Person: _____

Daytime Phone: _____ Fax: _____

Evening Phone: _____

Section 3. Facility Information

Energy Source: Solar Wind Hydro Other (Specify):

Generation Name Plate Capacity: AC _____ DC: _____

Inverter Manufacturer: _____ Inverter Model: _____

Number of Inverters: _____ Inverter Rating (kw): _____ (Max Capacity)

Type of Service: Single Phase Three Phase

Meets IEEE Standard 1547 and UL Subject 1741: Yes No

Section 4. Contract Information

Solar Contractor: _____
Contact Person: _____
Mailing Address: _____
Daytime Phone: _____ Fax: _____
Cell Phone: _____
Email: _____
CCB#: _____

Electrical Contractor: _____
Contact Person: _____
Mailing Address: _____
Daytime Phone: _____ Fax: _____
Cell Phone: _____
Email: _____
CCB#: _____

Section 5. Project Information

Construction Start Date: _____ Estimated Completion Date: _____
Estimated Project Cost: _____

I hereby attest that the information submitted on this application is accurate to the best of my knowledge.

Customer's Signature: _____ Date: _____
Printed Name: _____

Please return this complete form to:

**Columbia River PUD
PO Box 1193
St. Helens, OR 97051
Attention: Energy Services**