



## NET METERING APPLICATION

PROJECT INFORMATION	
MEMBER NAME (LAST, FIRST, MIDDLE)	PROJECT LOCATION
METER NUMBER	WILL PROPERTY BE USED FOR COMMERCIAL PURPOSES? (i.e., home business, etc.) CIRCLE ONE: Yes No
ACCOUNT NUMBER	PHASE CIRCLE ONE: Single Three
BATTERY BACKUP CIRCLE ONE: Yes No	
GENERATION SITE INFORMATION Maximum Size: 25 kW	
NAME OF INSTALLER	INSTALLERS NAME AND PHONE NO.
<input type="checkbox"/> SOLAR: # OF MODULES _____ MODULE RATING (kW DC) _____ MANUFACTURER _____ MODEL _____ <input type="checkbox"/> WIND: # OF TURBINES _____ TURBINE RATING (kW AC) _____ MANUFACTURER _____ MODEL _____ <input type="checkbox"/> OTHER: RESOURCE TYPE _____ GENERATOR RATING _____ GENERATOR OUTPUT <input type="checkbox"/> AC <input type="checkbox"/> DC	
<b>INVERTER INFORMATION</b>	
# OF INVERTERS _____ WATT SIZE (each) _____ MANUFACTURER _____ MODEL # _____	
VOLTAGE _____	
PHASE: <input type="checkbox"/> SINGLE <input type="checkbox"/> THREE	
IS INVERTER UL 1741 or IEEE 1547 LISTED <input type="checkbox"/> YES <input type="checkbox"/> NO	

### Account Holder Acknowledgement

\_\_\_\_ I certify that the information provided in this application is correct to the best of my knowledge.

\_\_\_\_ I give permission for Fall River Electric to discuss my project and electric usage history with the Project Contact/Company listed above.

\_\_\_\_ I understand that the net metering program design is subject to change including, but not limited to, the interval length over which netting occurs, compensation for excess generation and the interconnection requirements for on-site generation systems.

Account Holder \_\_\_\_\_ Signature \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**Once completed, please email, or mail this form to Fall River Rural Electric Cooperative:**

[netmetering@fallriverelectric.com](mailto:netmetering@fallriverelectric.com)

1150 N 3400 E  
Ashton, ID 83420

**Toll Free: 800-632-5726**