



HOLDEN MUNICIPAL LIGHT DEPARTMENT

ONE HOLDEN STREET
HOLDEN, MASSACHUSETTS 01520
(508) 210-5400

Net Metering Facility Application

(Please print all information)

Contact Information:

Customer or Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact person (if Company): _____

Telephone # (day): _____ (evening): _____

Facsimile #: _____ Email address: _____

Alternative Contact Information (e.g., system installation contractor, if applicable):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # (day): _____ (evening): _____

Facsimile #: _____ Email address: _____

Electrical Contractor Contact Information (if applicable):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # (day): _____ (evening): _____

Facsimile #: _____ Email address: _____



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Facility Information:

Installation Address: _____
City: _____ State: _____ Zip Code: _____
HMLD Account Number: _____
Inverter Manufacturer: _____ Model Name and Number: _____
Number of Inverters: ____
Nameplate rating: _____ kW _____ kVA _____ AC volts Phase: Single ____ Three ____
System Design Capability (DC): _____ kW
System Design Capability (AC): _____ kW
Estimated annual output: _____ kWh
Prime Mover: Photovoltaic ____ Fuel Cell ____ Turbine ____ Other _____
Energy Source: Solar ____ Wind ____ Hydro ____ Other _____
UL 1741 Listed? Yes ____ No ____
Estimated Install Date: _____ Estimated In-service Date: _____

Application Fee:

Facilities 10 KW or smaller: \$25.00
Facilities greater than 10 KW: \$100.00

Customer Signature:

I hereby certify that:

- 1) to the best of my knowledge, all of the information provided in this application is true;
- 2) I have read HMLD's Net Metering Policy;
- 3) I am the owner of the facility and the equipment being installed. (If the equipment is owned by a third party, there is no power contract or sale of electricity, associated with the lease agreement.);
and
- 4) I agree that prior to commencing installation of the net metering facility, shall execute an
Interconnection Agreement for Net Metering Service with HMLD.

Customer signature: _____ Date: _____

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Other information required: 1) preliminary design and specifications of the facility; 2) aerial photo showing layout of panels and location of disconnect switch; and 3) documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.