

NET METERING VERIFICATION FORM

Instructions: This Net Meter Verification Form is required after the proposed on-site generation system is installed and after successful completion of a state and/or city electrical inspection.

PROJECT INFORMATION				
MEMBER NAME (Last, First, Middle)		PROJECT SERVICE ADDRES	SS	
METER NUMBER		ELECTRIC PERMIT NO.	ELECTRIC PERMIT NO.	
ACCOUNT NUMBER		FINAL ELECTRICAL INSPEC	FINAL ELECTRICAL INSPECTION DATE	
ARE THERE ANY ACCESS ISSUES TO THE METER (i.e., locked gate, dogs, etc.)		PROJECT CONTACT (name	PROJECT CONTACT (name, phone number or email)	
System is 'on' and produc	al electrical inspection wi	ith the city/state and meets connel will not be able to co	all required codes Implete an inspection if the	
system is not on – a mete				
AC disconnect is within 10	ft of the meter			
Required placards are in p	place			
Name		Signature		
Phone	Email		Date	
I am: (check all that apply) Electrician		NABCEP Certified	Other	
	Engineer	Solar Company/Installer		

Once completed, please e-mail, or mail this form to Fall River Rural Electric Cooperative:

netmetering@fallriverelectric.com

1150 N 3400 E Ashton, ID 83420 Toll Free: 800-632-5726