



NET METERING APPLICATION

(must be completed by Account Holder)

PROJECT INFORMATION	
MEMBER NAME (last, first, middle)	PROJECT LOCATION
METER NUMBER	ACCOUNT NUMBER
PREFERRED CONTACT INFORMATION (phone number or email)	
GENERATION SITE INFORMATION	
Maximum Size: 25 kW	
COMPANY NAME	PROJECT CONTACT (name and phone number)
SOLAR: # OF PANELS _____ INDIVIDUAL PANEL RATING (kW DC) _____ MANUFACTURER _____ MODEL _____ BATTERY: MAKE/MODEL _____ TOTAL SIZE: kWh _____ AMP HOUR RATING _____ OTHER: RESOURCE TYPE _____ RATING _____ # OF UNITS _____ OUTPUT AC DC TOTAL SYSTEM KW _____	
INVERTER INFORMATION	
# OF INVERTERS _____ WATT SIZE (each) _____ MANUFACTURER _____ MODEL _____ VOLTAGE _____	
PHASE: SINGLE THREE	IS INVERTER UL 1741 or IEEE 1547 LISTED YES 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 _____ Account Holder Signature _____

Phone _____ Email _____ Date _____

Once completed, please email, 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

Please allow up to 5 business days for a response to your application