



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.) YES <input type="checkbox"/> NO <input type="checkbox"/>
ACCOUNT NUMBER	BATTERY BACKUP YES <input type="checkbox"/> NO <input type="checkbox"/>
PREFERRED CONTACT INFORMATION (phone number or email)	
GENERATION SITE INFORMATION	
Maximum Size: 25 kW	
COMPANY NAME	PROJECT CONTACT (name and phone #)
<input type="checkbox"/> SOLAR: # OF MODULES _____ MODULE RATING (kW DC) _____ MANUFACTURER _____ MODEL _____	
<input type="checkbox"/> WIND: # OF TURBINES _____ TURBINE RATING (kW DC) _____ MANUFACTURER _____ MODEL _____	
<input type="checkbox"/> OTHER: RESOURCE TYPE _____ GENERATOR RATING _____ GENERATOR OUTPUT AC <input type="checkbox"/> DC <input type="checkbox"/>	
INVERTER INFORMATION # OF INVERTERS _____ WATT SIZE (each) _____ MANUFACTURER _____ MODEL _____ VOLTAGE _____ PHASE: SINGLE <input type="checkbox"/> THREE <input type="checkbox"/> IS INVERTER UL 1741 or IEEE 1547 LISTED YES <input type="checkbox"/> NO <input type="checkbox"/>	

Account Holder Acknowledgment

- ☐ 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 certify that I have reviewed Fall Rivers Net Metering Tariff and understand that the Tariff is subject to change.

Account Holder _____ Signature _____

Phone _____ Email _____ Date _____

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

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