

Mt Carmel Public Utility Co.
Application for Net Metering Services
(Please include Application Fee of \$100)

Customer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____

Email Address: _____

Address of proposed net metering location: (if different from above)

City: _____ State: _____ Zip Code: _____

Mt Carmel Public Utility Co. Account Number: _____

Name Plate Capacity of rating of proposed generator: _____ kW (AC)

Check the fuel source of the proposed generator:

Solar Wind

Agricultural Residues Livestock Manure

Landscape Trimmings Hydroelectric

Wood Wastes Other

Please select your Annual Period Anniversary Month: April October

Please select your credit method: (default credit method is 1:1 kW)

1:1 kW Monetary

ICC Certified Solar Installer License Number: _____

Customer Signature _____ Date _____

Please return the completed application to:

Mt Carmel Public Utility Co.

C/O Net Metering Department

PO Box 220

Mt Carmel, IL 62863

Email: netmetering@mtcpu.com