



EASTON UTILITIES

Life. Made better.™

APPLICATION FOR EASTON UTILITIES AGGREGATED NET ENERGY METERING (ANEM) INTERCONNECTION

CUSTOMER CONTACT INFORMATION

Customer Name: _____

Name of Legal Entity: _____

Customer Type: Agricultural Non-Profit Municipal

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Easton Utilities Account #: _____

Contact Person (If other than above): _____

Mailing Address (If other than above): _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____

E-Mail Address (Required): _____

ALTERNATE CONTACT INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____

E-Mail Address: _____

FACILITY INFORMATION¹ (Account with Customer Owned Generation)

Easton Utilities Account #: _____

Facility Address: _____

City: _____ State: _____ ZIP Code: _____

Maximum Facility Output Rating: _____ kW AC

Estimated Gross Annual Energy Production: _____ kWh

Primary Source of Fuel: Solar PV Wind Biomass Anaerobic Digestion
 Fuel Cells Small Hydroelectric CHP/Cogeneration

¹ Host facilities will be the first accounts aggregated. Three (3) host facilities can exist. Please attach additional sheets as necessary if there is more than one host facility.

OTHER AGGREGATED ACCOUNTS

The host facility (facilities) will automatically be aggregated first. There is no need to include the host facility below. Aggregated accounts can be in any order the customer desires.

1. Customer Name: _____
Account #: _____
Address: _____
City: _____ State: _____ ZIP Code: _____

2. Customer Name: _____
Account #: _____
Address: _____
City: _____ State: _____ ZIP Code: _____

3. Customer Name: _____
Account #: _____
Address: _____
City: _____ State: _____ ZIP Code: _____

4. Customer Name: _____
Account #: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
5. Customer Name: _____
Account #: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
6. Customer Name: _____
Account #: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
7. Customer Name: _____
Account #: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
8. Customer Name: _____
Account #: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
9. Customer Name: _____
Account #: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
10. Customer Name: _____
Account #: _____
Address: _____
City: _____ State: _____ ZIP Code: _____

CUSTOMER SIGNATURE

I hereby certify that:

1. I have read and understand the information outlined under COMAR 20.50.10.07, Meter Aggregation.
2. I qualify as a customer eligible for meter aggregation.
3. To the best of my knowledge, all the information provided in this application form is complete and true. I consent to permit the Maryland Public Service Commission and Easton Utilities to exchange information regarding the generating system and customer to which this application applies.

Printed Name: _____

Customer Signature: _____ Date: _____