<u>Form B – Certificate of Completion for Renewable Energy Rate Applications</u> Middleton Electric Light Department

Contact Information

Customer / Company Name (print):	Contact Person If Company:	
Address of Interconnection Facility:		
Mailing Address, if different from above:		
City:	State:	Zip Code:
Telephone (Daytime):	(Evening):	
Facsimile Number:	E-Mail Address:	
City:	State:	Zip Code: _
Mailing Address:		
City:	State:	Zip Code: _
Telephone (Daytime):	(Evening): (same)	
Facility Information		
Middleton Electric Light Department	Account Number (required - on bill)	
	Meter Number (required - on bill)	
Town of Middleton Wining Inque	atau Information	
Town of Middleton Wiring Inspe	<u>ctor imormation</u>	
Permit Number		

Customer Signature

agree to the MELD Terms and Conditions:		
Interconnecting Customer Signature:		Date:
Title (if Company):		
Please return this document to:		
1:	on Electric Light Departme 97 North Main Street Middleton, MA 01949	nt
Approval for Renewable Energy Rat	te Service (For MELD	use only)
Operation of the Facility on the MELD elect and conditions of Renewable Energy Rate, a	-	
(Are system modifications required?)		
Yes No		
Company Signature:	Title:	Date:
Proposed Meter Number:		

I hereby certify that to the best of my knowledge, all the information provided in this application is true and I