

Net Metering Service Application

Stowe Electric Department
PO Box 190
Stowe, VT 05672
(802) 253-7215

Please return this form to:
our office at 435 Moscow Rd,
via mail to PO Box 190, or to
NetMetering@StoweElectric.com

Owner's Name: _____
Billing Address: _____
City, Zip, State: _____
Phone #: _____
E-mail: _____
Account #: _____

911 Service Location: _____

Electrician's Name

Name: _____
Address: _____
City: _____
State: _____ **Zip:** _____
Phone: () _____

Installer's Name

Name: _____
Address: _____
City: _____
State: _____ **Zip:** _____
Phone: () _____

Type of Service: ___ SOLAR ___ Other: _____

Is there/will there be battery storage at this location? ___ Yes ___ No

Storage Size: _____

Each Service and Meter requires a completed and separate Service Application.

**** Please note that Stowe Electric Department will charge for the cost of installing a Generation Meter. ****

Typical Residential Net Metering Installation & Meter Inspection Charge is \$215.00

Service Characteristics:

Volts: _____
Phases: _____
Wires: _____
Cable Size: _____
CPG #: _____
Mounting: _____ Roof Mount _____ Ground Mount
Total System Capacity: _____ AC kW _____ DC kW
PV Module (Manufacturer & Model #): _____
Number of Modules: _____
Power Rating per Module: _____ DC watts
Inverter (Manufacturer & Model #): _____
Number of Inverters: _____

Desired Completion Date: _____

Signature: _____ Date of Application: _____
(Party Applying, **Identification Required***)

Commercial Only
Attach 1 copy of electrical and architectural drawings and site plan

*As defined in the attached instructions

Net Metering Service Application
(For office use only)

Account #: _____

Service Address: _____

Latitude: _____

Longitude: _____

Promised Completion Date: _____
Determined by linemen

METER INFORMATION:

Date Meter Set: _____

Meter #: _____ Route/Book #: _____ Stop/Sequence: _____

Outside # (circle one) NON-AMI / REX / REXU / A3

Manufacturer: _____ Model/Form: _____ Meter/CL Size: _____

In reading: _____ Volts: _____ Amps: _____ Dials: _____ Seal: _____

Usage Meter #: _____ Usage reading: _____ Received reading: _____

Demand Meter (circle one): Yes No Multiplier: _____ Rate: _____

Meter location: _____ GPS Entered

Transformer Number: _____ kVa _____ Primary _____ Secondary _____

Installer: _____ Date Approved: _____
(Print Name)

Director Approval: _____ Date Approved: _____

Meter Inspected: # _____

ROUTING INFORMATION:

Copy to IT: _____



ELECTRIC DEPARTMENT

P.O. BOX 190
STOWE, VERMONT 05672
(802) 253-7215
(802) 253-4555 FAX

TO: New Service Applicants
FROM: Town of Stowe Electric Department
DATE: Updated September 2019

New Account Identification Requirements

Effective May 1, 2009 pursuant to the Federal Trade Commission's "Red Flags Rule", the Town of Stowe Electric Department has adopted an Identity Theft Prevention Program. In order to detect any of the "Red Flags" associated with opening a new account, Stowe Electric Department is required to verify the identity of the person/entity opening the electric account.

Identifying information, such as a **copy of the individual's driver's license or for businesses the organization's federal tax identification number is required** in order to verify and identify the person or business entity opening the account. This information must be provided with the completed service application.

Temporary services also require identifying information. There is a set-up charge of \$60.00 for a temporary service, which will be applied to your first electric bill.

Should you have any questions, please do not hesitate to contact us between the hours of 8 a.m. to 4 p.m. either in person at our offices at 435 Moscow Road in Stowe, or by calling us at (802) 253-7215 or e-mail us anytime at Stowe_Electric@StoweElectric.com.