

Net Metering Service Application

Stowe Electric Department

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

Electrician's Name: _____

Address: _____

City: _____

State: _____

Phone: _____

**Please Return this Form
to our Office at 56 Old Farm Rd**

Owner's Name & Billing Address

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: () _____

Builder's Name

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: () _____

Account # _____

911 Service Location: _____

Type of Service: ___ SOLAR ___ Other

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

Service Characteristics:

Electrical Load Characteristics:

Volts: _____

kW Lighting: _____

kW Receptacles: _____

Phases: _____

Laundry: _____

Dishwasher: _____

Wires: _____

Jacuzzi/Sauna: _____

Pumps: _____

Cable Size: _____

Other: _____

Meter Type: _____

Meter Socket Base: _____

Total kW load: _____

Number of services at this location: _____

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

Service Application
(For office use only)

Account #: _____

Line Extension Required: Yes No Initials: _____

Easement Required: Yes No Initials: _____

METER INFORMATION:

Date Meter Set: _____

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

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

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

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

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: _____

ROUTING INFORMATION:

To Director: _____ Received From Director: _____ Copy to IT: _____

To Lily: _____ Received From Lily: _____

Opt-Out Option Notification Mailed _____

Net Metering Installation & Meter Inspection \$215.00



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 November 7, 2016

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 56 Old Farm Road in Stowe, or by calling us at (802) 253-7215 or e-mail us anytime at stowe_electric@stoweelectric.com.