

## Community Solar Project Interconnection Certificate of Completion Form<sup>1</sup>

	Applicant Information Name:		
Mailing Address:			
City:			
E-Mail Address/ Fax number:		_	
<u>Installer</u> Name:		Check if owner-installed	
City:	State:	Zip Code:	
Telephone (Daytime):	(Evening):		
E-Mail Address/ Fax number:		_	
attached. The Interconnection Co	istomer acknowledges t	ector's form indicating final approval is hat the Community Solar Project is not	
attached. The Interconnection Coready for operation until receipt of below.	istomer acknowledges to the final acceptance an	hat the Community Solar Project is not approval by the Public Utility as provided	
attached. The Interconnection Coready for operation until receipt of below.  Signed	istomer acknowledges t f the final acceptance an	hat the Community Solar Project is not approval by the Public Utility as provided	
attached. The Interconnection Coready for operation until receipt of below.	stomer acknowledges to the final acceptance an	hat the Community Solar Project is not approval by the Public Utility as provided Date	
attached. The Interconnection Coready for operation until receipt of below.  Signed	istomer acknowledges to the final acceptance an	hat the Community Solar Project is not approval by the Public Utility as provided Date	
attached. The Interconnection Coready for operation until receipt of below.  Signed	spection form is attached	hat the Community Solar Project is not approval by the Public Utility as provided Date	

Version 1 – 4/14/20

<sup>&</sup>lt;sup>1</sup> The interconnection shall not be deemed complete and ready for operation until the Applicant has complete this form, secured the necessary attachments and signatures and returned a copy to the Public Utility at the Public Utility's designated address.