

**SIKESTON BOARD OF MUNICIPAL UTILITIES (BMU)
INTERCONNECTION APPLICATION
NET METERING SYSTEMS (100 KW OR LESS)
APPLICATION**

APPLICATION NUMBER: _____

CUSTOMER INFORMATION

NAME: _____
SERVICE ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____
CITY: _____ STATE: _____ ZIP CODE: _____
DAYTIME PHONE: _____ FAX: _____ EMAIL: _____
EMERGENCY CONTACT PHONE: _____
BMU ACCOUNT NO. (FROM UTILITY BILL): _____
I HAVE READ, UNDERSTAND, AND ACCEPT THE PROVISIONS OF THIS APPLICATION.
SIGNED (CUSTOMER): _____ DATE: _____
NAME (PRINT): _____

GENERATOR SYSTEM INFORMATION

MANUFACTURER NAME PLATE (IF APPLICABLE) AC POWER RATING: _____ KW VOLTAGE: _____ VOLTS
SYSTEM TYPE: SOLAR _____ WIND _____ BIOMASS/FUEL CELL _____ OTHER (describe) _____
SERVICE/STREET ADDRESS: _____
INVERTER/INTERCONNECTION EQUIPMENT MANUFACTURER: _____
INVERTER/INTERCONNECTION EQUIPMENT NO.: _____
ARE REQUIRED SYSTEM PARTS & SPECIFICATIONS ATTACHED? YES _____ NO _____
INVERTER/INTERCONNECTION EQUIPMENT LOCATION (describe): _____
DISCONNECT SWITCH LOCATION (describe): _____
(Site drawings are preferred for describing equipment locations)
EXISTING ELECTRICAL SERVICE CAPACITY: _____ AMPERES _____ VOLTS
SERVICE CHARACTER: SINGLE PHASE _____ THREE PHASE _____

____ APPROVED ____ DENIED

SIGNED: _____ DATE: _____

NAME: _____ TITLE: _____