

FirstEnergy Solutions Corp.
Application for Net Metering Services

(Please fill out separate applications for each proposed net metering location and include a recent copy of your electric bill from the utility.)

Contact Information:

Customer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Daytime Phone Number: (____) _____ - _____

E-mail: _____

Preferred Method of Contact (circle one): Phone Mail E-mail

Address of existing/proposed net metering location (if different from above):

Electric Utility (circle one): Ameren ComEd Account Number: _____

Net Metering Facility Description:

Existing/proposed generator's nameplate capacity rating: _____ kW *(must be 2,000 kW or less)*

Customer Class (circle one): Residential Commercial

Preferred Annual Period ending month (circle one): April October

Please place a check mark next to the fuel source of the existing/proposed generator:

Solar

Wind

Dedicated crops grown for electricity production, please specify crop: _____

Anaerobic digestion of livestock waste or food processing waste

Fuel cells or microturbine powered by renewable fuels

Hydroelectric

Other (please specify) _____

Customer Signature

Date

You may mail or e-mail the completed application and a recent copy of your electric bill from the utility as follows:

Mailing address: FirstEnergy Solutions Corp. – Net Metering Program
 341 White Pond Dr. B3
 Akron, OH 44320

Email address: fesbillingteam@firstenergycorp.com

For questions regarding this application contact the Net Metering Coordinator at:
fesbillingteam@firstenergycorp.com