

# NOTIFICATION OF RES SUPPLIED NET METERING CUSTOMER

This serves as notification from the Retail Electric Supplier (RES) to ComEd Electric Supplier Services Department (ESSD) of a RES supplied net metering customer.

**DATE:**

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## SECTION 1. RES Contact Information

<b>RES NAME</b>	<b>NAME OF RES PRIMARY CONTACT</b>
<b>PRIMARY CONTACT TELEPHONE NUMBER</b>	<b>PRIMARY CONTACT E-MAIL ADDRESS</b>

## SECTION 2. Net Metering Applicant's Contact Information

**NAME**

<b>MAILING ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>TELEPHONE NUMBER</b>	<b>FACSIMILE NUMBER (if available)</b>	<b>E-MAIL ADDRESS (if available)</b>	

## SECTION 3. Location of Net Metering Facility

<b>COMED ACCOUNT NUMBER OF FACILITY SITE</b>	If address same as above check here		
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>

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## SECTION 4. Description of the Net Metering Facility

TOTAL NAMEPLATE CAPACITY OF ELIGIBLE NET METERING FACILITY (KW)

PRIME MOVER (CHECK ONE)

Photovoltaic      Reciprocating Engine      Turbine      Fuel Cell

FUEL TYPE (CHECK ONE)

Solar  
Wind  
Hydro  
Dedicated Crops Grown for Electricity Generation  
Methane from Anaerobic Digestion of Livestock Waste  
Methane from Anaerobic Digestion of Food Processing Waste

## SECTION 5. Other Information:

CUSTOMER SELECTED THE ANNUAL PERIOD TERMINATING WITH (CHECK ONE)

April Bill Period      October Bill Period

CUSTOMER SUPPLY CONTRACT WITH RES IS (CHECK ONE)

Fixed Price      Time of Use Pricing

**Please email to: [ESSD@ComEd.com](mailto:ESSD@ComEd.com)**

**Email is the preferred method**

**Or fax this form to:**

Fax # (630) 684-2830