## **Ameren Illinois**

## **Application for Net Metering Services**

(Please fill out separate applications for each proposed net metering location.)

Customer Name	
Mailing Address	
City Sta	ite Zip Code
Daytime Phone Number	
Address of proposed net metering loca	ation (if different from above)
City Zip	Code
Ameren Account Number:	
Name Plate Capacity Rating of Existing	g/Proposed Generator: kW
Has generator already been installed?	Yes No
Please place a check mark next to the	fuel source of the existing/proposed generator:
Solar	Wind
Agricultural Residues	Livestock Manure
Landscape Trimmings	Hydroelectric
Untreated and Unadulterated Wood Wa	stes Other (please specify)
Dedicated Crops Grown for Electricity P	roduction (please specify crop)
Anaerobic Digestion of Livestock or Foo	d Processing Waste
Fuel Cell or Microturbine Powered by Re	enewable Fuels
For customers served under Delivery S Anniversary Month:	Service rate DS-1 or DS-2, please select your Annual Period
April; or O	ctober
Customer Signature D	Pate
Please mail the completed application	to: Ameren Illinois Net Metering Coordinator
	6 Executive Dr – Mail Code 925
	Collinsville, IL 62234

For questions regarding application contact Net Metering Coordinator at: <a href="mailto:renewablesillinois@ameren.com">renewablesillinois@ameren.com</a>