

**City of Carlyle Standard Distributed Generation Interconnection  
Interconnection Request Application Form  
(Lab-Certified) Inverter-Based Distributed Generation Facilities 20 kW and Smaller**

**Interconnection Applicant Contact Information**

Customer Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Additional Contact Information (if different from primary contact)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Equipment Contractor**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Electrical Contractor (if Different from Equipment Contractor):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Contractor License number: \_\_\_\_\_

Active License?        Yes                No

Registered with Municipality?        Yes                No

Is the Interconnection Customer requesting Net Metering?

Yes    No

**Distributed Generation Facility (“Facility”) Information**

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City of Carlyle serving Facility site: \_\_\_\_\_

Account Number of Facility site: \_\_\_\_\_

Inverter Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Is the inverter lab-certified as that term is defined in the Illinois Distributed Generation Interconnection Standard? Yes No

(If yes, attach manufacturer’s technical specifications and label information from a nationally recognized testing laboratory.)

Generation Facility Nameplate Rating: \_\_\_\_\_ (kW) \_\_\_\_\_ (kVA) \_\_\_\_\_ (AC Volts)

AC Rating: \_\_\_\_\_ DC Rating: \_\_\_\_\_

Prime Mover:    Photovoltaic                Turbine

Energy Source: Solar                        Wind

In-Service Date: \_\_\_\_\_

(If the In-Service Date changes, the interconnection customer must inform the utility as soon as it is aware of the changed date.)

**Insurance Disclosure**

The attached terms and conditions contain provisions related to liability and indemnification, and should be carefully considered by the interconnection customer. The interconnection customer shall carry general liability insurance coverage, such as, but not limited to, homeowner’s insurance. Whenever possible, the interconnection customer shall name the City of Carlyle as an additional insured on its homeowner’s insurance policy, or similar policy covering general liability.

**Customer Signature**

I hereby certify that: (1) I have read and understand the terms and conditions which are attached hereto by reference; (2) I hereby agree to comply with the attached terms and conditions; and (3) to the best of my knowledge, all of the information provided in this application request form is complete and true.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Title: \_\_\_\_\_

.....

**Conditional Agreement to Interconnect Distributed Generation Facility**

By its signature below, the (utility) has determined the interconnection request is complete. Interconnection of the distributed generation facility is conditionally approved contingent upon the attached terms and conditions of this Agreement, the return of the attached Certificate of Completion, duly executed verification of electrical inspection and successful witness test.

Utility Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

.....

Return completed application to:  
Carlyle City Hall  
850 Franklin Street  
Carlyle, IL 62231

Or electronically via email to [admin@carlylelake.com](mailto:admin@carlylelake.com)

Please contact the Carlyle Municipal Electric Foreman with any questions at  
618-972-2333