



City of Hurricane

Power Department
Dave Imlay, Director

GRID-TIED SOLAR INTERCONNECTION REVIEW FORM

1. Customer Information

Name _____

Address _____

Phone _____

Email _____

Project Site Address _____
(If different than above)

2. Customer Generating Facility Information

Type of Generator _____

KW Rating _____

Manufacturer _____

3. Installation Contractor Information

Company Name _____

Company Phone _____

Past Similar Installation References:

