

GENERATOR INTERCONNECTION APPLICATION  
AGGREGATE GENERATOR OUTPUT BELOW 30Kw

1. The undersigned Project Developer submits this Generator Interconnection Application and appropriate filing fee to interconnect a new project to the City of Marshall Electric System or to increase the capacity of an existing project interconnected to the City of Marshall Electric System.
2. A project developer requesting interconnection or an increase in the capacity of an existing project to the City of Marshall Electric System must provide the following information:
  - a. Description of the equipment configuration and proposed interconnection one-line diagram (one-line diagram must be attached to this Interconnection Application).

c. Generator Information

Capacity Rating of the Generator(s) in kW: \_\_\_\_\_

Projected monthly kWh output of the generator: \_\_\_\_\_

Renewable Energy Source: \_\_\_\_\_ i) Solar  
\_\_\_\_\_ ii) Wind  
\_\_\_\_\_ iii) Biomass  
\_\_\_\_\_ iv) Hydro  
\_\_\_\_\_ v) Other (please specify)

Estimate date for generator installation/operation:

d. Project Developer (single point of contact):

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

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Project Site Address: \_\_\_\_\_

3. This Generator Interconnection application shall be directed to the utility representative as indicated below:

Director of Public Utilities  
City of Marshall  
323 W. Michigan Ave  
Marshall, MI 49068

4. I, the undersigned and authorized representative of the Project, submit this Generator Interconnection Application and required technical data for the City of Marshall. I understand that upon acceptance, the

City of Marshall shall subsequently provide an Interconnection Study Agreement, if said Interconnection Study is determined to be necessary. The Interconnection Study Agreement will include the Scope of the Interconnection Study. I also understand that I shall be required to furnish certain required technical data as requested by the City of Marshall in support of this study and reimburse the City of Marshall for its study expenses.

Authorized Signature: \_\_\_\_\_

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

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

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

Date: \_\_\_\_\_