



Certificate of Completion for Interconnection

Installation Information _____ Check if owner-installed

Interconnecting Customer or Company Name (print): _____

Contact Person, if Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Address of Facility (if different from above): _____

City: _____ State: _____ Zip Code: _____

Electrical Contractor's Name (if appropriate): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

License number: _____ State: _____

Date of approval to install Facility granted by the Company: _____

Application ID number: _____

Inspection

The system has been installed and inspected in compliance with the local Building/Electrical Code of

(City/County/State)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): _____

Name (printed): _____ License # _____

Date: _____

As a condition of interconnection you are required to send a copy of this form along with a copy of the signed electrical permit to Unitil at the following address:

Unitil Corporation
Attention: Generator Interconnections
6 Liberty Lane West
Hampton, NH 03842
generator@unitil.com