

VIRTUAL AGGREGATION REQUEST FORM

(To be filled out and submitted in conjunction with a proposed or existing net metering interconnection)

Interested customer-generators should complete and return this form. All accounts listed must be owned or leased and operated by the same customer-generator. All electric service accounts must be held by said customer-generator.

See 52 PA Code § 75 for additional details and restrictions.

CUSTOMER GENERATOR CONTACT INFORMATION

Legal Name and Mailing Address of Customer-Generator: (if an Individual, Individual's Name)

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ (If other than Above)
Mailing Address: _____ (If other than Above)
Telephone: (Day): _____ (Evening): _____
Fax Number: _____ E-mail: _____

The Customer-Generator Facility's Information: ('Master' account)

Facility Address: _____
City: _____ State: PA Zip Code: _____
Nearest Cross-Street: _____
Electric Distribution Company ("EDC"): Citizens' Electric Company of Lewisburg, PA
Account #: _____ Meter #: _____
Current Annual Energy Consumption: _____ kWh

Customer-Generator Signature:

I hereby certify that to the best of my knowledge, all of the information provided in this request is accurate and that I represent the common legal account holder for service locations provided below.

Legal Name of Customer-Generator: _____
Customer-Generator Signature: _____ Date: _____
Printed Name: _____
Title: _____

Service Location(s) Proposed for Virtual Aggregation:

Account #: _____ Meter #: _____
Facility Address: _____
City: _____ State: PA Zip Code: _____
Current Annual Energy Consumption: _____ kWh



Service Locations Proposed for Virtual Aggregation (Continued)¹:

Account #:	_____	Meter #:	_____
Facility Address:	_____		
City:	_____	State:	PA _____
Zip Code:	_____		
Current Annual Energy Consumption:	_____	kWh	

Account #:	_____	Meter #:	_____
Facility Address:	_____		
City:	_____	State:	PA _____
Zip Code:	_____		
Current Annual Energy Consumption:	_____	kWh	

Account #:	_____	Meter #:	_____
Facility Address:	_____		
City:	_____	State:	PA _____
Zip Code:	_____		
Current Annual Energy Consumption:	_____	kWh	

Account #:	_____	Meter #:	_____
Facility Address:	_____		
City:	_____	State:	PA _____
Zip Code:	_____		
Current Annual Energy Consumption:	_____	kWh	

Account #:	_____	Meter #:	_____
Facility Address:	_____		
City:	_____	State:	PA _____
Zip Code:	_____		
Current Annual Energy Consumption:	_____	kWh	

Account #:	_____	Meter #:	_____
Facility Address:	_____		
City:	_____	State:	PA _____
Zip Code:	_____		
Current Annual Energy Consumption:	_____	kWh	

Account #:	_____	Meter #:	_____
Facility Address:	_____		
City:	_____	State:	PA _____
Zip Code:	_____		
Current Annual Energy Consumption:	_____	kWh	

Account #:	_____	Meter #:	_____
Facility Address:	_____		
City:	_____	State:	PA _____
Zip Code:	_____		
Current Annual Energy Consumption:	_____	kWh	

¹ Attach Additional Sheets as necessary.