CERTIFICATE OF COMPLETION

Member Generator Information

Name:			
Mailing Address:			
City:	State:	Zip Code:	
Telephone:			
Email:			
Acct#:			
Map#:			
Final Acceptance to Interconne	ct Small Generat	or Facility (for use by Sulliva	n REC only)
The requirements for interconnection a Facility is accepted.	re complete and inter	connection of the Member	Generator
Sullivan REC Signature:		Date:	
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