

**Customer Owned Generation Certificate of Completion****Customer Information**

RMLD Account Number (REQUIRED): _____

RMLD Meter Number (REQUIRED): _____

Customer Name: _____

Service Address : _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Facility Information

Physical Address of Facility: _____

City: _____ State: _____ Zip: _____

Electrician or Electrical Installation Contractor

Contact Name: _____

Company: _____

Address : _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____

License Number: _____

RMLD Utility Authorization Number: _____

Inspection

In accordance with the RMLD UAN process, please be aware that an approval must still be called into the recorded wire inspector phone line.

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

Town_____
Wiring Inspector Signature_____
Date_____
Wiring Inspector Name (Print)

For RMLD Use

Received by RMLD: _____

Approval to Operate: _____ Signature: _____