



Certificate of Completion for Solar Interconnections
To be signed by local Wiring Inspector

Installation Information:

Customer Name (print): _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Primary): _____ Email: _____

Facility Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ Net Meter #: _____

Electrical Contractor's Company or Name: _____

Electrician Name, if Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Primary): _____ Email: _____

License number: _____

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

Inspection:

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

Wakefield, MA

(City/Town)

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

Wiring Inspector Name (printed):

Phone Number:

Email Address: