

**Ameren Illinois**  
**Application for Net Metering Services**

(Please fill out separate applications for each proposed net metering location.)

Customer Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Address of proposed net metering location (if different from above)

\_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Ameren Account Number: \_\_\_\_\_

Name Plate Capacity Rating of Existing/Proposed Generator: \_\_\_\_\_ kW

Has generator already been installed? Yes                  No

Please place a check mark next to the fuel source of the existing/proposed generator:

\_\_\_\_\_ Solar

\_\_\_\_\_ Wind

\_\_\_\_\_ Agricultural Residues

\_\_\_\_\_ Livestock Manure

\_\_\_\_\_ Landscape Trimmings

\_\_\_\_\_ Hydroelectric

\_\_\_\_\_ Untreated and Unadulterated Wood Wastes    \_\_\_\_\_ Other (please specify)

\_\_\_\_\_ Dedicated Crops Grown for Electricity Production (please specify crop) \_\_\_\_\_

\_\_\_\_\_ Anaerobic Digestion of Livestock or Food Processing Waste

\_\_\_\_\_ Fuel Cell or Microturbine Powered by Renewable Fuels

For customers served under Delivery Service rate DS-1 or DS-2, please select your Annual Period Anniversary Month:

\_\_\_\_\_ April;    or    \_\_\_\_\_ October

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date

Please mail the completed application to:

Ameren Illinois Net Metering Coordinator

607 East Adams, MC Springfield, 10th Floor

Springfield, IL 62701

For questions regarding application contact Net Metering Coordinator at: [renewablesillinois@ameren.com](mailto:renewablesillinois@ameren.com)