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)

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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

10 Executive Dr – Mail Code 910

Collinsville, IL 62234

For questions regarding application contact Net Metering Coordinator at: renewablesillinois@ameren.com