

# Application for Electricity Feed-in Renewable Energy Generation scheme



## CUSTOMER DETAILS

Customer or business name:

Unit number:

Floor number:

Street number:

Street name:

Block:

Section:

Suburb:

State:

Postcode:

## PREMIUM RATE PAYMENT

- All systems must be approved and connected to the ActewAGL network.
- Premium rate payment is dependent on the size of the unit installed.

## CUSTOMER DECLARATION

I confirm that the information I have provided in this form is true and correct. I acknowledge that my application will only be accepted upon ActewAGL Retail receiving confirmation from Evoenergy that my renewable energy generator has been approved and connected to the Evoenergy electricity network. I confirm that I have read, understood and accept the terms of the ActewAGL ACT Feed-in Tariff Retail Contract.

Customer name:

Signature:

Date:

Please take a copy of the signed form for your records. Please send the signed application form to ActewAGL Retail, PD Box 250, Civic Square ACT 2608.

## OFFICE USE ONLY

Received date:

Processed date:

Officer name:

Signature:

Date: