

Community Solar Program

Subscriber Organization Letter of Authorization

Subscriber Organization Information (please print):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: () _____

Subscriber Organization ID Number (if company has provided): _____

Interconnection GEN Number (Application id#): _____

I hereby authorize _____ to act on my behalf as it relates to Community Solar.

Third Party Information (please print):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: () _____

Subscriber Organization Representative's Signature

Date

Third Party Representative's Signature

Date