



Green Energy Program Grant Application
Delaware Municipal Electric Corporation
22 Artisan Drive, Smyrna, Delaware 19977
Phone: (302) 653 - 2733 & Fax (302) 653 - 2734

City of Newark

Photovoltaic

Residential	<input type="checkbox"/>
Commercial	<input type="checkbox"/>
Non-Profit	<input type="checkbox"/>

Applicant Information:

Name / Company:	Date:	
Email:		
Daytime Phone:	Evening Phone:	
Installation Address:		
City:	State:	Zip Code:
Mailing Address:		
City:	State:	Zip Code:
Electric Utility:	Last 12 Months kWh Usage:	

Grant Recipient (If other than applicant):

Name / Company:		
Email:	Daytime Phone:	
Mailing Address:		
City:	State:	Zip Code:

Please transfer this grant payment to the above named company or individual. I understand that I will not receive the grant payment for this project.

Applicant Signature:

Contractor:

Name / Company:	DE Business License #	
Email:	Daytime Phone:	
Mailing Address:		
City:	State:	Zip Code:

Licensed Installation Professional (Master Electrician installing system):

Name:	DE Business License #	
Email:	Professional License #	
Daytime Phone:	Professional License Issuing State:	
Mailing Address:		
City:	State:	Zip Code:

