



Solar-Photovoltaic Notification Form

Please Fill out all applicable sections

Location of system

Address: _____ City: _____

Placement of system on structure/property (i.e. West roof, on carport, etc). Please be as specific as possible:

Location of inverter disconnect (Be Specific. i.e. Under main panel inside garage on north wall):

Contact (for questions):

Name: _____

Phone: _____ Email: _____

Please Note: *Phone and Email is only used in case we have questions about your system*

Name of installing Contractor/Company: _____

Estimated Date of Installation/completion: _____

Notify the fire district if the installation is cancelled, delayed, or modified.

For Office Use Only:

Received By: _____ Date _____ Forwarded to Comm. Ctr. (Date) _____