Municipal Energy Aggregation PPA Request

Contact Information

Municipality Name	
Contact Person Name	
Title/Position	
Email	
Phone Number	
Project Details	
Type of Aggregation	
	<u>•</u>
Estimated Number of Accounts	
Estimated Annual Consumption (kWh)	
Proposed Start Date	
Electric Supplier Requirements	
Desired Contract Length (years)	
Renewable Energy Percentage	

Other Requirements	S		
Additional I	nformation		
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Additional I	nformation		
	nformation		