

Delaware Community-Owned Energy Generating Facility: Site Control Certification Form¹

Re:	DEVELOPER/ INTERCONNECTION CUSTOMER	[full legal name]
		[title and contact information]
	PROPERTY (FACILITY INFORMATION)	[street address]
		[provide GPS coordinates if facility does not have street address]
		[city/town and zip code]
		[county]
	PROPERTY OWNER ²	[name]
		[full legal name, title and contact information]

_____ (the “Developer”) is the interconnection customer for the Property identified above.

_____ (the “Property Owner”) is the owner of the Property identified above.

Property Owner and Developer hereby attest that they have entered into a legally binding form of site control agreement authorizing Developer to use the Property for the purpose of constructing and operating a community-owned energy generating facility (the “Facility”) with a minimum duration of at least one (1) year (a “Site Control Agreement”). Property Owner and Developer acknowledge and agree that Delmarva Power & Light Company (“Delmarva Power”) has no responsibility for verifying or otherwise conducting due diligence in connection with the existence or validity of the Site Control Agreement and, by executing this Site Control Certification Form, Property Owner and Developer each hereby release and discharge Delmarva Power, its affiliates, their respective representatives, officers, directors, employees, contractors, agents and representatives from any and all liabilities, claims, demands, losses, damages, fines, penalties, costs, expenses (including without limitation attorneys’ fees and expenses), and causes of action of every kind or character with respect to verification of, or that may arise or be alleged to arise from the failure to verify, the Site Control Agreement or the entity having control of the Property.

¹ This Site Control Certification Form must be completed and submitted as part of the Interconnection Application for Community-Owned Energy Generating Facilities in Delaware.

² If Property Owner and Developer are the same, indicate such information on this form, and the Property Owner/Developer must verify both sections of the Affidavit.

The type of Site Control Agreement that is in place is indicated below by a check mark:

<input type="checkbox"/>	Fully executed option agreement to lease or purchase the Property
<input type="checkbox"/>	Fully executed lease agreement to lease all or a portion of the Property
<input type="checkbox"/>	Fully executed purchase agreement to purchase all or a portion of the Property
<input type="checkbox"/>	Fully executed License or other agreement granting exclusive right to use the Property for purposes of constructing and operating the Facility

Property Owner and Developer entered into the agreement on or about _____
[Date].

[remainder of page intentionally left blank]

DEVELOPER AFFIDAVIT

I, _____ [Name], the authorized signatory for _____ [full company name of Developer], do declare, certify, and state under penalty of perjury under the laws of Delaware that the foregoing statements are true and correct to the best of my knowledge.

By: _____
Developer Signature

On this, the ___ day of _____, 20___, personally appeared before me _____,

known to me to be the person described in and who executed the foregoing instrument and he/she/they acknowledged that he/she/they executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true and correct to the best of his/her/their knowledge and belief.

STATE OF _____ :

COUNTY OF _____ :

Printed Name of Notary Public

Signature of Notary Public

My Commission Expires:

PROPERTY OWNER AFFIDAVIT

I, _____ [Name], the authorized signatory for _____ [full company name of Property Owner], do declare, certify, and state under penalty of perjury under the laws of Delaware that the foregoing statements are true and correct to the best of my knowledge.

By: _____
Property Owner Signature

On this, the ___ day of _____, 20___, personally appeared before me _____,

known to me to be the person described in and who executed the foregoing instrument and he/she/they acknowledged that he/she/they executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true and correct to the best of his/her/their knowledge and belief.

STATE OF _____ :

COUNTY OF _____ :

Printed Name of Notary Public

Signature of Notary Public

My Commission Expires:
