



Massachusetts Department of Environmental Protection

Bureau of Air & Waste • Air Quality

RGGI Annual Net Output Report

Reporting Year _____

Facility ID# (if known) _____

A. Facility Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

Facility Name _____

Street Address _____

City/Town _____

State _____

Zip Code _____

Contact Name _____

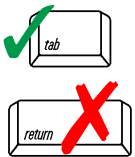
Contact Title _____

Telephone Number _____

Email Address _____

B. Annual Net Electric Output

All net electric output values must be expressed in megawatt hours (MWh)/month.



Reporting Month	Unit No. ____	Unit No. ____	Unit No. ____	Unit No. ____
January	____	____	____	____
February	____	____	____	____
March	____	____	____	____
April	____	____	____	____
May	____	____	____	____
June	____	____	____	____
July	____	____	____	____
August	____	____	____	____
September	____	____	____	____
October	____	____	____	____
November	____	____	____	____
December	____	____	____	____

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E. Certification

This form must be signed by the CO₂ Authorized Account Representative or the Alternate CO₂ Authorized Account Representative.

"I am authorized to make this submission on behalf of the owners and operators of the CO₂ budget sources or CO₂ budget units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment."

Print Name

Authorized Signature

Position/Title

Date (MM/DD/YYYY)