

## **PAYMENT ASSIGNMENT**

The LADWP will pay CLIP program incentives to its customers of record, except when the customer requests payment assignment to a third party, which may include a parent entity or hired contractor holding CLIP Recognized Contractor status at the time the incentive is paid. The LADWP shall have final determination on whether to grant a customer request to assign incentive payment to a third party.

| Project #   |             |                               |                      |       |          |
|---|-------------|-------------------------------|----------------------|-------|----------|
|   |             |                               |                      |       |          |
| PROJECT INFORMATION: (LADWP CUSTOMER OF RECORD INFORMATION SECTION)   |             |                               |                      |       |          |
| LADWP Customer of Record Account Number   |             | LADWP Customer of Record Name |                      |       |          |
| LADWP Customer of Record Address  |             | City                          |                      | State | Zip Code |
| LADWP Customer of Record Cor  |             | Contact Phone                 | Contact Phone Number |       |          |
| ASSIGNMENT REQUEST  |             |                               |                      |       |          |
| I,, the designated payee or authorized representative of the payee, hereby assign the right to receive payment for the above noted rebate under the Commercial Lighting Incentive Program indicated above to the following individual or entity:  Rebate Check Payable to:  Name: |             |                               |                      |       |          |
| Address:  |             |                               |                      |       |          |
| Phone:  |             |                               |                      |       |          |
| *Name and address must match name and address listed on W-9   |             |                               |                      |       |          |
| I request the payment be forwarded to this individual or entity at the address noted and that proof of payment be forwarded to me.  |             |                               |                      |       |          |
| ACKNOWLEDGEMENT   |             |                               |                      |       |          |
| LADWP will send an IRS Form 1099 to the recipient of the rebate check and report to the IRS those recipients with cumulative rebate totals of \$600 or greater.  I certify that the information provided is true and correct.   |             |                               |                      |       |          |
| Duint Name  |             |                               |                      |       |          |
| Print Name  | Print Title |                               | X Signature          |       | Date     |

Completed form should be emailed to clip@ladwp.com