**APP#** (office use only)



## **AUTHORIZATION FORM**

| FRC  | JECT INFORMATION  |  |            |                |                         |      |  |
|--|---|--|------------|----------------|-------------------------|------|--|
|  |   |  |            |                | is working on behalf of |      |  |
|  | Authorized Representative or Contractor Name  |  |            |                | 10 11 0 11 11 11 19     |      |  |
|  |   |  |            |                |                         |      |  |
| _  |   |  |            |                | and is authorized to:   |      |  |
|  | LADWP Customer of Record (Name as it appears on the LADWP Bill)   |  |            |                |                         |      |  |
|  | ☐ Transmit and receive utility incentive program correspondence   |  |            |                |                         |      |  |
|  | <ul> <li>Obtain utility account information (e.g., billing/consumption history)</li> <li>necessary for calibrating an energy model of the project site</li> </ul> |  |            |                |                         |      |  |
|  | ☐ Submit incentive applications   |  |            |                |                         |      |  |
|  |   |  |            |                |                         |      |  |
| LADWP CUSTOMER OF RECORD INFORMATION                   |   |  |            |                |                         |      |  |
| LADWP Customer of Record (Name as it appears on the L. |   |  | ADWP bill) |                | LADWP Account Number    |      |  |
| Service Address  |   |  |            |                |                         |      |  |
|  |   |  |            |                |                         |      |  |
| City   |   |  | State      |                | Zip Code                |      |  |
|  |   |  |            |                |                         |      |  |
| Customer Contact Person (Name and Title)               |   |  | Phone N    | <br>lumber     | Email Address           |      |  |
|  |   |  |            |                |                         |      |  |
|  |   |  |            |                |                         |      |  |
| AUTHORIZED REPRESENTATIVE OR CONTRACTOR                |   |  |            |                |                         |      |  |
| Name of Legal Entity                                   |   |  |            |                |                         |      |  |
| Service Address  |   |  |            |                |                         |      |  |
|  |   |  |            |                |                         |      |  |
| City   |   |  | State      |                | Zip Code                |      |  |
|  |   |  |            |                |                         |      |  |
| CUSTOMER ACKNOWLEDGEMENT                               |   |  |            |                |                         |      |  |
| Print  | Print Name Print Title  |  |            | Signature Date |                         | Date |  |
|  |   |  | x          |                |                         |      |  |
|  |   |  |            |                |                         |      |  |