



APP# (office use only)

AUTHORIZATION FORM

PROJECT INFORMATION

_____ is working on behalf of
Authorized Representative or Contractor Name

_____ and is authorized to:
Owner

- Transmit and receive utility incentive program correspondence
- Submit incentive applications

OWNER INFORMATION

Owner Name

Address

City	State	Zip Code
Owner Contact Person (Name and Title)	Phone Number	Email Address

AUTHORIZED REPRESENTATIVE OR CONTRACTOR

Name of Legal Entity

Address

City	State	Zip Code
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OWNER ACKNOWLEDGEMENT

Printed Name of Person Authorized to Sign	Signature X	Date
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