

AUTHORIZATION FORM

PROJECT INFORMATION

_____ is working on behalf of
 Authorized Representative or Contractor Name

_____ and is authorized to:
 LADWP Customer of Record (Name as it appears on the LADWP Bill)

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

LADWP CUSTOMER OF RECORD INFORMATION (ACCOUNT HOLDER)

| | |
|---|----------------------|
| LADWP Customer of Record (Name as it appears on the LADWP bill) | LADWP Account Number |
|---|----------------------|

Service Address

| | | |
|--|--------------|---------------|
| City | State | Zip Code |
| Customer Contact Person (Name and Title) | Phone Number | Email Address |

AUTHORIZED REPRESENTATIVE OR CONTRACTOR

Name of Legal Entity

Service Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

CUSTOMER ACKNOWLEDGEMENT

| | | | |
|------------|-------------|-----------------------|------|
| Print Name | Print Title | Signature X | Date |
|------------|-------------|-----------------------|------|