LA DWP | **Los Angeles Department of Water & Power**

COMMERCIAL LIGHTING INCENTIVE PROGRAM (CLIP): PAYMENT ASSIGNMENT REQUEST FORM

Efficiency Solutions

PAYMENT ASSIGNMENT

The LADWP allows its customers to assign incentive payments to third-parties under certain circumstances. The LADWP shall determine whether to grant a customer request to assign incentive payment to a third party.

The LADWP will pay CLIP program incentives to their customers of record, except when the customer requests payment assignment to a third party, and when payment (see website www.ladwp.com/CLIPRecognized Vendor for the current list) is to be made to a participant in LADWP's Recognized Vendor Program.

CUSTOMER OF RECORD (PAYEE)   PLEASE TYPE OR PRINT

Account Name (name that appears on the LADWP bill)   LADWP Account Number

Installation Address

City   State   Zip Code

Customer Contact Person (Name and Title)   Phone Number   Email Address
                                              (   )

ASSIGNMENT REQUEST

As the designated payee or authorized representative of the payee, I hereby request to assign the right to receive payment for the above noted rebate under the Commercial Lighting Incentive Program to the following individual or legal entity:

Name of Individual or Legal Entity   Phone Number   Email Address
                                              (   )

Address   Participant in LADWP Recognized Vendor Program
                                              (Check one)   ☐ Yes ☐ No

City   State   Zip Code

CUSTOMER SIGNATURE (PLEASE READ BEFORE SIGNING)

I have submitted an application to the LADWP's Commercial Lighting Incentive Program (CLIP) program for a lighting project at the location shown above, and request to assign the right to receive payment for the rebate. I understand the LADWP shall determine whether to grant this request.

I acknowledge that the LADWP will send an IRS Form 1099 to the recipient of the rebate check and report to the Internal Revenue Service those rebate recipients with cumulative rebate totals of $600 or greater.

I certify that the information I have provided is true and correct and the equipment for which I am requesting an incentive payment meets the requirements of the CLIP program.

Customer Signature   Name (Please Print)   Date

2/2019