

# Efficiency Solutions Non-Residential Program Application

## CUSTOMER INFORMATION

(Please type or print)

LADWP Customer of Record (Name as it appears on the LADWP bill)

LADWP Account Number

Owner  Tenant

## COMPLETE BUILDING TYPE

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Auditorium Building                        | <input type="checkbox"/> General Commercial Building/Industrial Work Building | <input type="checkbox"/> Religious Facility Building |
| <input type="checkbox"/> Classroom Building                         | <input type="checkbox"/> Grocery Store Building                               | <input type="checkbox"/> Restaurant Building         |
| <input type="checkbox"/> Commercial and Industrial Storage Building | <input type="checkbox"/> Library Building                                     | <input type="checkbox"/> School Building             |
| <input type="checkbox"/> Convention Center Building                 | <input type="checkbox"/> Medical Building/Clinic Building                     | <input type="checkbox"/> Theater Building            |
| <input type="checkbox"/> Data Center Building                       | <input type="checkbox"/> Office Building                                      | <input type="checkbox"/> All other building          |
| <input type="checkbox"/> Financial Institutions Building            | <input type="checkbox"/> Parking Garage Building                              |  |

Total facility square footage: \_\_\_\_\_ Conditioned space square footage: \_\_\_\_\_

## REBATE APPLICATION TYPE

- Commercial Lighting Incentive Program (CLIP)  
 Custom Performance Program (CPP)  
 Other \_\_\_\_\_

## SERVICE ADDRESS

Street Address

City State Zip Code

## MAILING ADDRESS (if different from above)

Street Address

City State Zip Code

## CUSTOMER CONTACT PERSON

Name	Title	Phone Number ( )	Email Address
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## INSPECTION CONTACT PERSON (Specify if different from above)

Name	Title	Phone Number ( )	Email Address
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## CONTRACTOR CONTACT INFORMATION (Please complete if customer already hired a firm)

Name of Contractor Company Firm

## CONTRACTOR'S CONTACT PERSON

Name	Title	Phone Number ( )	Email Address
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**NON-AUTHORIZED EQUIPMENT IS INELIGIBLE**

The LADWP reserves the right to reject any proposed retrofit measures that are not in accordance with prevailing program guidelines, policies or terms and conditions. New equipment installations exceeding the number of measures authorized and/or installation of non-Authorized or non-Approved equipment are ineligible for rebate and may result in disqualification of the entire rebate application.

LADWP Customer of Record

Name (Print)	Title (Print)	Signature	Date

Contractor, if applicable

Name (Print)	Title (Print)	Signature	Date

**APPLICATION SUBMITTAL CHECKLIST**

- Completed, signed, and dated LADWP Non-Residential Efficiency Solutions Program application
- Completed forms and documents as required by the specific program being applied for (See Part B)
- Authorization letter signed by LADWP customer of record (if applicable)

**CUSTOMER AND CONTRACTOR SIGNATURE (S)**

I have read, understand, and agree to comply with all terms, conditions, and requirements of the LADWP Efficiency Solutions Non-Residential program(s). I understand that I am responsible for the accuracy of all project documentation submitted to LADWP. I understand that LADWP will reject application packages if any of the information provided is inaccurate.

I understand by applying for an LADWP rebate and/or program, personal information provided may be subject to public disclosure by requesting parties, pursuant to the California Public Records Act.

I am in compliance with my state/county/city governments' requirements regarding local conditions, restrictions, codes, ordinances, rules, or regulations. I have obtained all required permits and will provide them to LADWP upon request.

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 LADWP Efficiency Solutions Non-Residential program(s).

**LADWP CUSTOMER OF RECORD**

Name (Print)	Title (Print)	Signature	Date

**CONTRACTOR (if applicable)**

Name (Print)	Title (Print)	Signature	Date

You may mail the completed application to LADWP or submit via e-mail to the specific LADWP Program.

**LADWP EFFICIENCY SOLUTIONS NON-RESIDENTIAL PROGRAMS**

111 N. Hope St., JFB Room 1057, Los Angeles, CA 90012-2607

clip@ladwp.com

custom@ladwp.com

**QUESTIONS?**

Contact an Efficiency Solutions Program Manager, or visit us online at [www.ladwp.com/nrrp](http://www.ladwp.com/nrrp)

**Commercial Lighting Incentive Program** (213) 367-4215, **Custom Performance Program** (213) 367-3436

**FOR UTILITY USE ONLY**

LADWP PM _____	LADWP Engineer _____	LADWP Inspector _____
Phone (    ) _____	Phone (    ) _____	Phone (    ) _____
Notes: _____		