



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

OWNER SIGNATURE

Printed Name of Person Authorized to Sign

Signature

Date