



Commercial & Industrial Application for Energy Efficiency Incentives

2011 Incentive Application

This application is a: Pre-approval Final Application

Name of Business		Phone		Email Address	
Mailing Address		City		State	Zip Code
Installation Address		City		State	Zip Code
Hours of Operation	Is this a 24-hr facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please indicate annual hours of operation →		
Electric Utility Account Number			Taxpayer ID# (SSN/FEIN or Payee) - Required		
Building Use – Please Check One Below: <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Restaurant <input type="checkbox"/> Grocery/Supermarket <input type="checkbox"/> Manufacturing <input type="checkbox"/> Lodging <input type="checkbox"/> School: K-12 <input type="checkbox"/> School: College <input type="checkbox"/> Healthcare Facility <input type="checkbox"/> Other:					
How did you learn about the program: <input type="checkbox"/> My Utility <input type="checkbox"/> Utility Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Community Event <input type="checkbox"/> Mail/Bill Insert <input type="checkbox"/> Contractor <input type="checkbox"/> Other:					
Total Project Cost			Total Incentives Requested		
Name of Installing Contractor/Vendor		Address		City	State
Contractor Phone			Contractor Email		
Certification and Signature I hereby certify that: 1. The information contained in this application is accurate and complete. 2. The business listed above is an eligible customer of one of IMPA's 54 member utilities and the energy efficiency measures described in this application were or will be installed at the installation address above during 2011. 3. All rules of this incentive application have been followed. 4. I have read and understand, and agree to, the Terms and Conditions included with this application. I agree to verification of equipment installation which may include a site inspection by a program or utility representative. I understand that I am not allowed to receive more than one incentive from this program on the same piece of equipment. I hereby agree to indemnify, hold harmless and release IMPA and the electric utility from any actions or claims in regard to the installation, operation and disposal of equipment (and related materials) covered herein, including liability from any incidental or consequential damages. I hereby certify that I am authorized by the business named above to submit this application on behalf of the business. Please sign and complete all information below:					
Authorized Signature		Print Name		Date Submitted	

Program Use Only			
Date Received	Post Inspection	Incentive Approval	Date Approved
	Post Inspection required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Post Inspection date	Amount: \$	