NOTES / INSTRUCTIONS:

- Must be printed on customer's letterhead.
- Wet signatures are required. Electronic signatures will not be accepted.
- Make sure there is a current W-9 (dated within 2 years of request) for entity being paid.

| Date | |
|---|---|
| | |
| (Insert name from customer utility bill) | has completed the |
| job for Enrollment Application number EA | located at (insert project |
| address here) | · |
| I,, am an authoriz | zed company representative and hereby attest that the |
| Energy Efficiency project referred to by Enroll | ment Application EA- |
| was complete on the date of | |
| I attest to the fact that a portion | or all of the approved incentive payment |
| been assigned to a third | d party. |
| Incentive payee Name: | |
| Payee Address: | |
| | |
| I declare that the above statement is true and | accurate to the best of my knowledge. |
| | |
| Signature: Yun Signat | we_ |
| Print Name: | |
| Title: | |
| Contact Phone Number: | |
| Contact E-mail Address: | |

| Date: | | |
|------------------------------------|------------------------|--|
| (Insert name from customer u | tility bill) | has completed the |
| job for Enrollment Application | number EA | located at (insert project |
| address here) | | · · · · · · · · · · · · · · · · · · · |
| l, | , am an authorize | ed company representative and hereby attest that |
| the Energy Efficiency project | referred to by Enrollm | ent Application EA |
| was complete on the date of _ | | · |
| l attest to the fact that a portio | n, or al | I of the approved incentive payment |
| be | een assigned to a thir | d party. |
| Incentive payee Name: | | |
| Payee Address: | | |
| I declare that the above stater | ment is true and accur | rate to the best of my knowledge. |
| Signature: | | |
| _ | | equired. Electronic signatures will not be accepted) |
| Print Name: | | |
| Title: | | |
| Contact Phone Number: | | |
| Contact E-mail Address: | | |