HOME ELECTRIC SYSTEM UPGRADE PROGRAM: CONTRACTOR PROJECT-COMPLETION FORM



☐ Complete and submit this form with a copy o	f the invoice(s)		Submit via one of the following:			
for the upgrades that were installed.			E-mail:	rebatecoo	rdinator@efficiencyvermont.com	
☐ If project has not been pre-approved by Efficiplease contact Efficiency Vermont.	ency Vermont,		Mail:	20 Winoo	Vermont e Coordinator ski Falls Way, 5th floor VT 05404	
\square If your customer would like to have their reb				,		
party, please work with them to complete an page of this form.	d sign the last		Program/Contact Info:			
page of this form.		We		efficiency	vermont.com/hesu	
			Phone:	888-921-	5990	
Project Information:						
The upgraded system must meet 200 amp servioramps is allowable if advised by an electrician.	ce capability. Installation	on of equipment	allowing h	nigher or lo	wer levels of service than 200	
Please indicate the type of upgrade(s) made:						
Service entrance upgrade		Customer-owned pole(s) or conduit, including trenching and				
☐ Electrical panel or subpanel as needed to serve new and future loads; existing panel may be kept as a subpanel if advised by electrician.		backfilling Service line (conductor) from transformer to home or meter socket, including any inspection fees.				
☐ Wiring (including junction boxes and a receptacle/outlet) to serve a new load		Costs associated with disposing of or recycling old equipment that is being replaced as part of the upgrade.				
☐ Meter socket and related materials, such as backer board		Other critical safety corrections if advised by the electrician				
Have there been any changes to the scope of warming		•		-	cy Vermont?)	
Customer Information:						
Customer Name	Installation Add	dress	Cit	ty/Town	State Zip	
Mailing Address	City/Town	State	Ziį	p	Same as installation address	
E-mail Address	Telephone #				-	
Electric Utility Company	Electric Utility Accou	nt # (installation lo	ocation)			

For more information about Efficiency Vermont offers, visit www.efficiencyvermont.com or call 888-921-5990.

Electrician Information & Agreement

Electrician Name	Company Name		
Branch Location (if multiple)	City/Town	State	Zip
E-mail Address	Telephone #		
$\hfill \square$ I certify that I hold a valid Master Electrician L	icense in the State of Vermont.		
$\hfill\Box$ I have read the project eligibility requirements	s and certify that costs to be covered by	rebate include only allowa	ble equipment.
By signing below, I certify that:			
The information that I have presented in this fo	orm is true, complete and accurate to th	ne best of my knowledge a	nd belief.
I understand the potential consequences, inclinate statements or information in order to secure to		ell as civil or criminal liabili	ty, of providing false
I understand that Efficiency Vermont (or their information submitted in this form to do so.	designated contractor) reserves the righ	t to conduct field inspection	ons and may use my



Electrician Signature	Date







THIRD PARTY REBATE REQUEST

Please use this form to have a customer authorize Efficiency Vermont to issue a payment to a third party, such as a contractor or vendor. Please note: All information and documentation requested on an associated rebate application or incentive agreement is still required, including the customer signature.

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Name	litle
Agreement/project number:	Payment amount: \$
	ne necessary authority to direct payment to the below third party. I further acknowledge loes not release me from any of its obligations to Efficiency Vermont and may not be

Third Party Information

Signature

Contact Name	Business Name			
Business Address	City/Town	State	Zip	
E-mail Address	Telephone #			

Efficiency Vermont must receive a copy of payee's W-9 form if not submitted within the 12 months prior to issuing payment. Efficiency Vermont will reach out if needed to obtain this information a secure manner. Please do not email as attachment.





Date

