

Commercial & Industrial Energy Efficiency Retrofits - Non-Lighting Application



For Idaho Power Use Only	
ID#: _____	Rate: _____
Rec'd: _____	CR: _____

Customer Information

Customer Name		City		Pre-Approval	Payment
Project/Facility Name		(Provide one) Account # or Meter #:			
Building Type (Required)					Retail (non-food)
College/University	Hotel/Motel	Medical (non-hospital)	Recreational Facilities – 24 hours	School Elementary	
Convenience Store	Industrial – Large	Multifamily (>4 units)	Recreational Facilities – Non 24 hours	School Secondary	
Grocery	Industrial – Mid (2 shifts)	Office Building	Religious Worship	Shopping Mall – Enclosed	
Hospital	Manufacturing (1 shift)	Other	Restaurant	Warehouse	
Project Site Address		City		State	Zip
Customer Mailing Address (If different)		City		State	Zip
Contact Name		Title			
Phone	Fax	E-mail (Required)			

Project Description (Required: provide a brief description of what is existing and what the retrofit entails)

--

Supplier or Contractor Information

Company Name		License Number	
Mailing Address		City	State Zip
Contact Name		Title	
Phone	Fax	E-mail (Required)	

Other (Example: General Contractor, Engineering Firm, ESCO, etc.)

Company Name		Contact Name	
Phone	Fax	E-mail (required to send application updates and approval notices)	

Project Information

For Pre-Approval (Estimated):	Project Start Date	Project Completion Date	Project Cost \$	Incentive* \$
For Payment (Actual):	Project Start Date	Project Completion Date	Project Cost \$	Incentive* \$

Incentive Payment

I, Customer, designate the Idaho Power incentive check for this project be issued to:			
Customer	Contractor	Other:	_____
Incentive Recipient's Legal Name		Mailing Address	
Official Tax Name (Associated with TIN/SSN)		Federal Tax ID Number (TIN or SSN)	

Customer Agreement

I, the undersigned, declare that I am a duly authorized representative of the owner of the building described above. I further acknowledge that I have read and agree to comply with the Commercial and Industrial Energy Efficiency Program Terms and Conditions set forth at <http://www.idahopower.com/EnergyEfficiency/Business/termsConditions.cfm>, and the Program requirements set forth at <http://www.idahopower.com/pdfs/EnergyEfficiency/business/PoliciesProcedures.pdf>. I certify that the information provided in this application is true and accurate and that Idaho Power may verify such information at its sole discretion. *Incentive payment will not exceed 100% of the installed cost.

Customer Name (please print)	Customer Signature	Date

Email this application, worksheet, and other required documentation to: Retrofit@idahopower.com or fax to 208-433-2817