



## **AUTHORIZATION FORM**

PROJECT INFORMATION	•					
				is working	on behalf of	
Authorized Representative or Contractor Name				13 WOTKING	on benan or	
				and is a	uthorized to:	
LADWP Customer of Record (Name as it appears on the LADWP Bill)						
☐ Transmit and receive utility incentive program correspondence						
<ul> <li>Obtain utility account information (e.g., billing/consumption history)</li> <li>necessary for calibrating an energy model of the project site</li> </ul>						
☐ Submit incentive applications						
LADWP CUSTOMER OF RECORD INFORMATION						
LADWP Customer of Record (Name as it appears on the LADWP bill)			ll)	LADWP Account Number		
Service Address						
City		State		Zip Code	Zip Code	
Customer Contact Person (Name and Title)		Phone N	e Number Email Address			
AUTHORIZED REPRESE	NTATIVE OR CONTRAC	TOR				
Name of Legal Entity						
Service Address						
City		State	State		Zip Code	
CUSTOMER ACKNOWLE	DGEMENT					
Print Name	Print Title	Print Title		Signature Date		
			X			