

**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 06-01-2023

(Insert name from customer utility bill) ABC Company Inc. has completed the job for Enrollment Application number EA- 1234567890 located at (insert project address here) 123 Main St Medina OH 44280.

I, John Smith, am an authorized company representative and hereby attest that the Energy Efficiency project referred to by Enrollment Application EA- 1234567890 was complete on the date of 08-31-23.

I attest to the fact that a portion 100% or all of the approved incentive payment has been assigned to a third party.

Incentive payee Name: Person Being Paid (Make sure Current W-9 is attached)

Payee Address: 1111 South Main St Ashland OH 44805

I declare that the above statement is true and accurate to the best of my knowledge.

Signature: *Your Signature*

Print Name: John Smith

Title: Vice President

Contact Phone Number: 330-123-4567

Contact E-mail Address: jsmith@abcsupply.com

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 authorized company representative and hereby attest that the Energy Efficiency project referred to by Enrollment 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 party.

**Incentive payee Name:** \_\_\_\_\_

**Payee Address:** \_\_\_\_\_

I declare that the above statement is true and accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_

**(Wet signatures are required. Electronic signatures will not be accepted)**

**Print Name:**

**Title:**

**Contact Phone Number:**

**Contact E-mail Address:**