



COMMERCIAL EFFICIENCY MATCHING GRANT POST-INSTALLATION COMPLETION



For LPC use only

Business information

Business name _____ Contact name _____

Installation address:

Mailing address, if different:

Street _____ Street _____

City _____ State _____ ZIP _____ City _____ State _____ ZIP _____

City of Longmont utility account no. _____ Electric rate schedule: _____

Daytime phone: _____ E-mail address: _____

Installer information

Company name _____ Contact name _____

Street _____

City _____ State _____ ZIP _____

County _____

Daytime phone: _____ E-mail address: _____

Installation confirmation

Installation completion date: _____ (attach signed building permit if required)

Installation cost before incentives/rebates: \$ _____

I acknowledge by signature that the efficiency measures I installed as indicated in my rebate application meet all requirements specified by the City of Longmont Matching Grant program.

Print name _____

Signature _____ Date _____