



Installation Notice

Important: This form is to be submitted to SRP following the installation and commissioning of the measure(s). Any changes in scope or equipment specifications should be noted by attaching an updated Rebate Application. A completed commissioning report must be submitted with this notice following the procedures and specifications approved in the Rebate Application in order for measure(s) to be eligible for the full rebate amount.

Tax Liability

(to be completed by the SRP customer)

Customers receiving the benefit of FY19 SRP Business Solutions Custom (CBS) Program incentives in an amount of \$600 or more per calendar year, whether paid directly to the customer or assigned by the customer to a third party, will be issued a Form 1099 unless the customer is a corporation or otherwise exempt under the IRS regulations from Form 1099 reporting. A majority of the customer projects participating in the CBS program have incentive amounts that exceed \$600. Customer should consult with his or her own tax advisor with respect to the tax treatment of incentives provided through the CBS program.

Business name (as it appears on income tax return) Taxpayer ID: FEIN SRP Account number(s)

Mailing address (as it appears on income tax return) City: State: Zip code:

Tax status (check ONE): Individual/Sole Proprietor C Corporation S Corporation Partnership
 Trust/estate Other _____ Tax Exempt (exemption from facta reporting code if any): _____
 Limited Liability Company – C Corporation Limited Liability Company – S Corporation Limited Liability Company – Partnership

Contact name Contact phone number Contact fax number Email

Contact address (if different from the installation address) City State Zip code

Mail rebate check to: Business Address Contact Address Other (Complete release below)

Rebate check reference (30 character maximum)

Customer Signature

Under penalties of perjury, I hereby agree and certify by my signature below that:

1. The energy efficiency measure(s) described in the approved Rebate Application has/have been installed on _____ (insert date) following all approved specifications; have been completed and accepted by Customer; are operational at the Customer's facility; and are in compliance with the Program eligibility requirements as outlined in the Business Solutions Custom Program Manual and Custom Program Terms and Conditions;
2. I have complied with all federal, state, and local codes and regulations;
3. Changes in scope of the installed measure(s) from the approved Rebate Application, if any, have been included with the Installation Notice in the form of an updated Rebate Application and I understand that approval of any changes is SRP's sole discretion and is subject to program rules and rebate funding availability.
4. Any and all funds determined to have been acquired on the basis of inaccurate or fraudulent information shall be returned to SRP.
5. The information provided in this Project Installation Notice, commissioning report and Rebate Application is true and complete and I will notify SRP immediately of any changes to the information.
6. **The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and**
7. **I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**
8. **I am a U.S. citizen or other U.S. person, and**
9. **The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Customer Company Name _____

Customer Representative Signature _____

Date _____

Printed Name _____

Title _____

Payment Release Information

Important: Complete this section only if rebate payment is to be directed to someone other than the customer indicated above.

I AM AUTHORIZING THIS REBATE PAYMENT TO THE THIRD PARTY NAMED BELOW AND I UNDERSTAND THAT I WILL NOT BE RECEIVING THE REBATE PAYMENT CHECK FROM SRP. I ALSO UNDERSTAND THAT MY RELEASE OF PAYMENT TO THE THIRD PARTY DOES NOT EXEMPT ME FROM THE REBATE REQUIREMENTS OUTLINED IN THE APPLICATION. I ALSO ACKNOWLEDGE THAT ASSIGNMENT OF APPLICABLE REBATES TO ANOTHER PARTY MAY NOT AFFECT MY TAX LIABILITY FOR REBATES PAID BY THE PROGRAM.

Please note, requests for payment release must be signed in ink by authorized individual.

Authorized by (please print) Signature of Authorized Date

Check should be made payable to:

Payee: business name Contact phone number

Payee mailing address City State Zip

SEND COMPLETED INSTALLATION NOTICES TO:
SRP Business Solutions Custom Program
PMB 192
4802 E Ray Rd Ste 23
Phoenix, AZ 85044-6417
Fax: (480) 345-7601
Email: savewithsrpbiz@srpnet.com