



# INCENTIVE REQUEST FORM

Complete one Incentive Request Form for **each building** that has been audited.

## CONTACT INFORMATION

Please complete the information below for the primary contact for this application

<b>Primary Contact Name</b>	<b>Title</b>
<b>Applying Entity</b>	
<b>Address</b>	
<b>Phone</b>	<b>Fax</b>
<b>Email</b>	

## APPLICATION INFORMATION

Building Name:	
Application Number (can be found on Approval Letter):	
Total Audit Cost for above reference building:	

## INCENTIVE INFORMATION

I have completed the audit and am requesting a 100% incentive, committing to moving forward, as authorized below.

By executing this Incentive Request Form, the participant agrees to install measures recommended in the Audit Report, with the cost of installation (net New Jersey Clean Energy Incentives) exceeding 25% of the cost of the audit on the above referenced building. Implementation of the measures must take place within 12 months of the audit report approval. Failure to complete the installation of the measures as specified will result in the repayment of 25% of the incentive.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name, Title



Complete the information below to request your incentive payment.

- I have attached a copy of the Energy Audit Invoice from the Energy Auditing Firm.
- I have attached a copy the Final Energy Audit Report, or electronically submitted it to [LGEA@trcsolutions.com](mailto:LGEA@trcsolutions.com),

### PAYMENT INFORMATION

The incentive check for your energy audit cost will be sent to the contact listed below.

<b>Make Incentive Checks Payable to</b>
<b>Mailing Address</b>

### APPLICANT AUTHORIZATION

Authorization section should be signed by the Mayor, Business Administrator, Executive Director, or some comparable decision-maker at the applying entity.

<i>I understand the Program rules and procedures. I will not hold the Administrator or the Market Manager responsible for work performed by a third party.</i>
<b>Applicant Representative Signature</b>
<b>Applicant Representative Printed Name</b>
<b>Date Submitted</b>

Please mail, fax, or email your completed application to:  
**New Jersey's Clean Energy Program**  
 c/o TRC Energy Services  
 900 Route 9 North, Suite 104  
 Woodbridge, NJ 07095  
 Fax: 732-855-0422  
 Email: [LGEA@trcsolutions.com](mailto:LGEA@trcsolutions.com)

For further questions, please call 866-657-6278 x4 or visit our website at [www.NJCleanEnergy.com/LGEA](http://www.NJCleanEnergy.com/LGEA).

### STAFF USE ONLY

Date Received: _____	Project No.: _____
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