





2009 PAY FOR PERFORMANCE PROGRAM Request for Incentive #3

Application Number:					
Partner Contact Information					
Partner Name					
Partner Mailing Address	City State Z		Zip	Partner Contact Nur	nber
Participant Contact Informat	ion				
Facility Name					
Facility Address	City		State		Zip
Participant Name					
Participant Mailing Address	City	State Zip		Participant Contact I	Number
Payment Information Make check payable and mail to					
Name	payable and man t	•			
	CV.		State		7.
Address	City				Zip
Confirm that all required documentation has been submitted to the Pay for Performance Case Manager: If the documents outlined below have not been approved by Case Manager please submit them along with an unsigned copy of this form for review. Yes, the signed and previously submitted Partner-Participant Contract is still in effect. Yes, the Post-Construction Benchmarking Report has been approved by the Case Manager.					
By signing below and submitting this request, the Participant and Pay for Performance Partner confirm that that the Post-Construction Benchmarking Report is accurate and that the parties have satisfied their obligations under New Jersey's Clean Energy Pay for Performance Program, and agreed to the terms necessary for release of this payment. Please note that a QA/QC site visit may be conducted by the Case Manager before payment is released.					
Partner					
Signature	Date				
Print Name					
Participant					
Signature		Dat	e		
Print Name					

Please email all completed forms to: <u>vrozanova@trcsolutions.com</u>