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: January 2, 2021

(Insert name from customer util	ity bill)	XYZ Development,	nc.	has completed the	5
project for Application ID Numb	er <u>402xx</u>	xx	_ located at (inse	rt project address l	here)
555 Happy Street, Hagersto	wn, MD 2	21740			
I,Jane Smith	, ĉ	am an authorized com	npany representa	tive and hereby att	test
that the energy efficiency project	ct referred	to by Application ID	Number 402xxx	x	
was complete on the date of D	ecember	<u>31, 2023</u> .			
I attest to the fact that a portion	ı0%_	or all of the appro	oved incentive pa	yment <u>has</u>	
been assigned to a third party.					
Incentive Payee Name:	Person I	Being Paid (make su	re current W-9	is attached)	
Payee Address:	555 Sou	th Happy Street, Ha	gerstown, MD 2	21740	
I declare that the above stateme	ent is true	and accurate to the b	est of my knowle	edge.	
Signature:					
(W	/et signati	ures are required. Ele	ctronic signature	s will not be accep	oted)
Print Name: Ja	Jane Smith				
Title: X	YZ Develc	opment, Inc.			
Contact Phone Number: 30	01.555.12	212			
Contact E-mail Address: ja	nesmith	@xyzdevelopment.d	0		

Date:	
	has completed the project for Application ID Number
located at	·
l,	, am an authorized company representative and hereby attest
that the energy efficiency pro	oject referred to by Application ID Number
was complete on the date of	•
I attest to the fact that a por	tion or all of the approved incentive payment
been assigned to a third part	y.
Incentive Payee Name	e:
Payee Address	s:
I declare that the above state	ement 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:	