

EFFICIENCY MAINE BUSINESS PROGRAM
Competitive Program



PROGRAM PARTICIPANT INFORMATION

Company Name:

Mailing Address:

City:

State:

Zip Code:

Contact Name:

Office Phone:

Cell Phone:

Email Address:

Federal Tax ID:

Fax:

Incentive Request:

Expected kWh Savings:

PROJECT TYPE

- Office
 Education
 Public
 Assembly
 Retail
 Manufacturing
 Health
 Lodging
 Warehouse
 Other (*explain*)

PROJECT LOCATION

Street:

Town:

PROJECT TEAMS

Team (if selected):

Contact:

Firm:

Phone:

Architect:

Mechanical Engineer:

Electrical Engineer:

General Contractor:

CUSTOMER ACKNOWLEDGEMENT

Expected Completion Date:

I certify that all statements made in this application are correct to the best of my knowledge, and will abide by the standard Efficiency Maine Agreement and the Terms and Conditions therein, as found in Appendix B.

Signature: Name (print): Date: