

ENERGY-EFFICIENT CUSTOM GRANT APPLICATION

CUSTOMER INFORMATION (REQUIRED)					
BUSINESS NAME:		PSE STATEMENT ACCOUNT NUMBER:			
DOE CHOTOMED CONTACT:		EMAIL:	PHONE:		
PSE CUSTOMER CONTACT:		EWAIL.	PHON		
PROJECT INFORMATION (complete as much as possible)					
PROJECT NAME:		PROJECT TYPE: ☐ RETROFIT/REMODEL ☐ NEW CONSTRUCTION			
PROJECT ADDRESS:		CITY, ZIP	ESTIMATE	D START DATE EXPECTED END DATE	
ESTIMATED COST: F	FACILTIY AREA (ft ²):	BUSINESS TYPE:	ESTIM	ATED ENERGY SAVINGS: _ kWh/YR Therms/YR	
PROJECT DESCRIPTION (Att	tach contractor quotes or oth	ı ner project documentatior	n to your submission):		
CONTRACTOR (TRADE ALLY) INFORMATION BUSINESS NAME:					
CONTACT PERSON:		EMAIL:	EMAIL: PHONE:		
	DAV	 MENT INFORMATI	ON		
GRANT PAYEE: CUSTOMER OTHER CHECK PAYABLE TO (MUST Match W9):				FEDERAL TAX ID:	
PAYEE CONTACT:		EMAIL:		:	
PAYMENT ADDRESS:		CITY, STATE:		ZIP:	
CUSTOMER AUTHORIZATION					
AUTHORIZATION TO RELEASE ENERGY USE AND BILLING INFORMATION: APPROVED DENIED					
I approve of the release of utility information related to my energy use and/or billing history for the meters associated with the above statement account number to the application preparer for purposes related to this project (for multiple statement account, please attach a list to this page.					
APPLICATION PREPARER: (IF OTHER THAN CUSTOMER)		PROJECT ROLE:	PHON	PHONE:	
PSE CUSTOMER SIGNATURE:		TITLE:	DATE:	DATE:	