

M POWER

Solar Photovoltaic (PV) Program Non-Residential Energy Commitment Agreement

Please complete, and sign.

Specify the date by which the repairs, adjustments or measure change-outs are planned to be completed.

Submit a copy of the final retro-commissioning report to the Program Administrator when the retro-commissioning process is complete.

To be completed by the Building Owner/operator/Manager. Please complete and sign below:

Account Name	Account Number
Business Name (if different than Account Name)	Business Phone Number
Service Address	City, State
Contact Name (if different than Account Name)	
Contact Job Title (Owner, Operator, Manager, etc)	Contact Phone Number

I certify that I am the owner/operator/manager (circle one) of the commercial building located at address listed above and I am applying for incentives for a PV system.

If the energy performance rating is below 75, I certify that the retro-commissioning assessment and all cost effective measures identified as likely to improve the energy performance rating will be implemented.

I will submit a copy of the retro-commissioning report to the Program Administrator before the incentive payment is made.

Date measures will be completed by

Customer Signature / Title	Date
----------------------------	------