

Elevate Your Efficiency! - Project Information Form

I. PSE CUSTOMER INFORMATION				
NOTE: This Form Valid for Elevate Your Efficiency Valid from 9/15/2020 to 12/1/2020			PSE STATEMENT ACCOUNT NUMBER	
BUSINESS NAME				
PROJECT STREET ADDRESS		CITY		ZIP
PRIMARY CONTACT PERSON		EMAIL		PHONE
GRANT PAYEE CUSTOMER CONTRACTOR OTHER: _____				
GRANT PAYMENT MAILING ADDRESS (If different from above)		CITY		STATE ZIP
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 above Statement Account Number to the Application Preparer for purposes related to this project. (For multiple Statement Accounts, please attach a list to this page).				
PSE CUSTOMER SIGNATURE		TITLE		DATE
II. PROJECT INFORMATION – (Complete as much as possible)				
PROJECT NAME		ESTIMATED START DATE		ESTIMATED COST
PROJECT DESCRIPTION **				
FACILITY OR AFFECTED AREA (sf)	BUILDING TYPE	ESTIMATED ENERGY SAVINGS		kWh/YR <input type="checkbox"/>
				Therms/YR <input type="checkbox"/>
OWNER / DEVELOPER NAME		EMAIL		PHONE
ARCHITECT CONTACT NAME		EMAIL		PHONE
MECHANICAL CONTACT NAME		EMAIL		PHONE
ELECTRICAL / LIGHTING CONTACT NAME		EMAIL		PHONE
III. APPLICATION PREPARER – (If not completed by customer)				
APPLICATION SUBMITTED BY (Firm Name)				
CONTACT PERSON		EMAIL		PHONE

NOTE: **Attach project details, equipment specifications, calculations and/or simulations based on standard engineering practices used to estimate energy savings, demand savings and cost estimates.

Please email CEMRFP@PSE.com with completed form.