

## Form 3 - Completion Agreement

<b>Customer Information</b>		<i>Program Use Only</i>	
		LMSI Project ID	LMSI Project Manager
Customer Name		Federal Tax ID	
Contact	Title	Email	
Mailing Address	City	State	Zip
Telephone	Fax		
<b>Project and Facility Information</b>			
Project Name		County	
Facility Address (if different from mailing address)	City	State	Zip
<b>Energy Efficiency Measure (EEM) Detail</b>			
EEM(s) Installed		Agreement Date	
Installed By		Date Installation Completed	
Installed Cost		Incentive Authorized	
<b>Savings details for incentives</b>			
* Incentives are capped at 50% of the aggregate project cost		\$0.09/kWh \$100/kW \$1.00/Therm \$0.05/kWh lighting \$0.15/kWh AC&R I	
kWh savings	Incentive \$*		
kW savings	Incentive \$*		
Therms savings	Incentive \$*		
Estimated Energy Savings for measures, if different than above, due to cap or Title 24 constraints			
Notes:		<p style="text-align: center;">kWh</p> <p style="text-align: center;">kW</p> <p style="text-align: center;">Therms</p>	

<b>Agreement</b>		
<p>I, Customer, by my signature below, represent to LMSI that the above EEM(s) have been completed to my satisfaction and that the attached invoices are true and correct copies of the charges for all labor (including internal and direct labor), materials, equipment and services performed to complete the EEM(s). I understand and agree that LMSI may request a verification of the installed EEM(s) prior to any payment of incentives.</p>		
<b>Customer Authorized Representative</b> _____ <b>(print name)</b> _____ <b>(print title)</b>	<b>Signature</b>  	<b>Date</b> <b>(m/d/yyyy)</b>

<b>Direct payment of Incentive to Contractor (Optional)</b>			
<p>Both Customer and Contractor must sign below that they understand and agree that if this option is selected the incentive check will be issued to the Contractor named below at the address listed below. LMSI is not responsible for any tax liabilities associated with the incentive payment.</p>			
Contractor Name		Federal Tax ID	
		Tax Status	
Mailing Address	City	State	Zip
Telephone		Fax	
<b>Customer Authorized Representative</b> _____ <b>(print name)</b> _____ <b>(print title)</b>	<b>Signature</b>  	<b>Date</b> <b>(m/d/yyyy)</b>	
<b>Contractor Authorized Representative</b> _____ <b>(print name)</b> _____ <b>(print title)</b>	<b>Signature</b>  	<b>Date</b> <b>(m/d/yyyy)</b>	

## **LMSI Comments**

Project Completed: Name, Date \_\_\_\_\_

Reviewer Comments:

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### **Approved for Payment**

LMSI Project Manager    Signature, Date \_\_\_\_\_

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**(print name)**

LMSI Program Manager:    Signature, Date \_\_\_\_\_

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**(print name)**