Project/ Customer Data Collection Form (optional)

Date: ___/___/___

Site Information:

AEP Account Number (first 10 digits): _____

Account Name (exactly how it is on customer APCo bill): _____

Address: _____ City: _____ State: _VA_ Zip: _____

Bldg. Type (office, industrial, retail, etc.): _____

Annual Operating Hours: _____

# of shifts: ☐ one ☐ two ☐ three

Water Heating Type: ☐ electric ☐ natural ☐ gas ☐ LP gas ☐steam ☐ oil

Space Conditioning type: ☐ AC w/electric heat ☐ AC with natural gas heat ☐ heat pump
☐ electric heat only ☐ natural gas heat only ☐ unconditioned

Estimated Installation Completion Date: ___ / ___/___

Customer Contact information:

First Name: _____ Last Name: _____
Title: _____ Email: _____
Office Phone: _____ Cell Phone: _____

Address incentive check should be *mailed*:

Attention To Name:_____
Address:_____
City: _____ State: _____ Zip: _____

Contractor Contact information (*if applicable*):

Business Name: _____
First Name: _____ Last Name: _____
Title: _____ Email: _____
Office Phone: _____ Cell Phone: _____

Supporting Documents check list:

Required:		*If applicable:*	
Equipment specification sheets:	☐	Project Scope:	☐
Project estimate or invoice:	☐	Existing lighting type/wattage:	☐
Payee's W9 (*optional*):	☐	Letter of Authorization:	☐
		Before/After pictures:	☐