

## 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*:

Payee Company Name: \_\_\_\_\_

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:

Equipment specification sheets: ☐

Project estimate or invoice: ☐

Payee's W9 (optional): ☐

#### If applicable:

Project Scope: ☐

Existing lighting type/wattage: ☐

Letter of Authorization: ☐

Before/After pictures: ☐