NOTES / INSTRUCTIONS:

- Must be printed on customer's letterhead.
- Wet signatures are required. Electronic signatures will not be accepted.
- Make sure there is a current W-9 (dated within 2 years of request) for entity being paid

Date: June 2, 2021

| (Insert name from customer utility bill) _ | XYZ Development, li | nc. has com | pleted the |
|--|--------------------------|----------------------------|---------------|
| project for Application ID Number 402xx | xx | located at (insert project | address here) |
| 555 Happy Street, Greensburg, PA 1 | 5601 | | |
| I,Jane Smith, | am an authorized comp | oany representative and h | nereby attest |
| that the energy efficiency project referre | d to by Application ID N | lumber 402xxxx | |
| was complete on the date of <u>May 31, 2</u> | <u>023 </u> . | | |
| I attest to the fact that a portion0% | or all of the appro- | ved incentive payment | has |
| been assigned to a third party. | | | |
| Incentive Payee Name: Person | Being Paid (make sur | e current W-9 is attach | ed) |

Payee Address: <u>555 South Happy Street, Greensburg, PA 15601</u>

I declare that the above statement is true and accurate to the best of my knowledge.

| Signature: | |
|-------------------------|---|
| | (Wet signatures are required. Electronic signatures will not be accepted) |
| Print Name: | Jane Smith |
| Title: | XYZ Development, Inc. |
| Contact Phone Number: | 301.555.1212 |
| Contact E-mail Address: | janesmith@xyzdevelopment.co |

| Date: | | |
|-------|--|--|
| | | |

| | has completed the project for Application ID Number |
|-------------------------------------|---|
| located at | |
| | , am an authorized company representative and hereby attest |
| that the energy efficiency projec | t referred to by Application ID Number |
| was complete on the date of | · |
| I attest to the fact that a portion | or all of the approved incentive payment |
| been assigned to a third party. | |
| Incentive Payee Name: | |
| Payee Address: | |

I declare that the above statement is true and accurate to the best of my knowledge.

| Signature: | |
|-------------------------|---|
| | (Wet signatures are required. Electronic signatures will not be accepted) |
| Print Name: | |
| Title: | |
| Contact Phone Number: | |
| Contact E-mail Address: | |