

# ENERGY EFFICIENCY INCENTIVE INTAKE FORM FOR COMMERCIAL & INDUSTRIAL CUSTOMERS

Valid for all Eversource ("Eversource"), Connecticut Natural Gas ("CNG"), Southern Connecticut Gas ("SCG") or United Illuminating ("UI") (Participating Utilities) commercial & industrial customers ("Participant"). The information on this form is needed for the Participating Utilities to begin the review process for your project and determine the amount of your potential incentive. **INSTRUCTIONS:** Please fill out this form completely, truthfully and accurately and mail it to:

Eversource  
Energy Efficiency  
C&I Custom Measure Application  
P.O. Box 270  
Hartford, CT 06141-0270  
email: commercial@eversource.com

**OR**

Southern Connecticut Gas  
Conservation & Load Management  
C&I Custom Measure Application  
60 Marsh Hill Road, M/S 3  
Orange, CT 06477  
email: business.save.energy@uinet.com

CALL 877-WISE-USE  
WITH QUESTIONS

Include the following documentation with your completed and signed application: Specification sheets    W-9 (payee)    Engineering analysis

## Participant Information

Company Name (please print)		Contact Name	
Mailing Address		City	
		State	Zip
Telephone	Email Address		

## Contractor Information

Company Name		Contact	
Mailing Address		City	
		State	Zip
Telephone	Email Address		

## Facility Information

Facility Name (please print)		Contact Name	
Facility Address		City	
		State	Zip
Telephone	Email Address		
Facility Type		Project Square Footage	
Facility Type (if "Other")			
Facility Electric Utility (check one)		Electric Account Number (as stated on bill)	
Eversource    UI			
Facility Gas Company (check one)		Gas Account Number (as stated on bill)	
Eversource    CNG    SCG			

## Proposed Equipment Specification (Facility Detail)

### Building, Room, and Equipment Identification (Installation Site):

Description of project:

**This project will be:**    New facility    Addition to existing facility    Replacement of existing equipment    New equipment    Major renovation

Expected start date (if known): \_\_\_\_\_    Expected completion date: \_\_\_\_\_

Estimated project cost: \_\_\_\_\_    Is existing equipment operational?    Yes    No    N/A

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Energize Connecticut – programs funded by a charge on customer energy bills.

# Substitute Form W-9 Request for Taxpayer Identification Number and Certification

(Give this form to the requester. DO NOT send to IRS)

**NAME** (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below)

**ADDRESS** (Number and Street)

**CITY** **STATE** **ZIP CODE**

## **PART I TAXPAYER IDENTIFICATION NUMBER**

Enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number. If you do not have a number, see How to Obtain a TIN, on Instruction form EMS6002-2.

SOCIAL SECURITY NUMBER	<b>OR</b>	EMPLOYER IDENTIFICATION NUMBER
-   -		-

Certification - Under the penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement arrangement (IRA), and payments other than interest and dividends).

**Certification Instructions** - You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. (Also, see Signing the Certification under Specific Instructions on instruction form EMS6002-2.

## **PART II FOR PAYEES EXEMPT FROM BACKUP WITHHOLDING (See Instructions)**

Check one of the following below, if applicable. Exemption Block

1. A corporation
2. An organization exempt from tax under section 501 (a), or an individual retirement plan (IRA), or a custodial account under 403(b)(7).
3. The United States or any of its agencies or instrumentalities.
4. A state, The District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities.
5. A foreign government or any of its political subdivisions, agencies, or instrumentalities.
6. An international organization or any of its agencies or instrumentalities.
7. A foreign central bank of issue.
8. A dealer in securities or commodities required to register in the U.S. or a possession of the U.S.
9. A futures commission merchant registered with the Commodity Futures Trading Commission.
10. A real estate investment trust.
11. An entity registered at all times during the tax year under the Investment Company Act of 1940.
12. A financial institution.

Signature	Date
<b>Please sign Here →</b>	