Email Address:



140 Sheppard Avenue West, Unit 15 North York, Ontario M3K 2A2

Authorization Form

The SaveOnEnergy Retrofit Program Project Applicant Authorization Form.

Install energy efficient equipment and receive up to 50% of your project costs. The Retrofit program makes it possible for commercial organizations to install and benefit from newer more energy efficient solutions that will help you operate your business more efficiently and improve your bottom line.

Incentives are available for high efficiency equipment such as lighting, motors HVACR and for installing new control systems to improve the overall efficiency of your building. We will facilitate the registration process and Retrofit Application submission and conduct an Audit on the premise(s) listed.

By Agreeing to the Retrofit Audit, you are not obligated to install the high efficiency equipment proposed. The Audit will confirm the incentives available through your LDC and the SaveOnEnergy Retrofit Program should you choose to move forward with the improvements. You have 12 months to complete the improvements and submit the Post Audit documents to receive the Program Incentive

ncentive.			
Company Name:		Operating Since	e (MM/YYYY)
Official Corporate Name:			
Head Office Address:			
Corporate Phone Number:			
Corporate URL:			
Contact Name:			
Title:			
Contact Number/Extension:			
Email Address:			
Audit Scheduled Date:		Proposal Appt. Date: (At least 7	
(At least 3 Days Lead time) MM/DD/YY	(MMM/DD/YYYY)	Days Lead time) MM/DD/YY	
Audit Scheduled Time	AM/PM	Proposal Appt. Time	AM/PM
Request HVAC Audit	Yes ☐ No ☐	Date	Time
Authorized Signatory:			
Authorized Printed Name:		Dated	: (MM/DD/YYYY)
By signing the above I Acknowledge that I hav my Lumenshare Program application through			enshare to "pre- screen"
Representative Name:		Phone:	



1140 Sheppard Avenue West , Unit 15 NorthYork, Ontario M3K 2A2 PH2892513408

BUSINESS INFORMATION

BUSINESS TYPE							
		l					
Retail	\vdash	Restaurant		Manufacturing			
Multi Residential		Condo Corp.		Factory/Assembly			
Municipality	$\perp \perp$	Parking Garage		Hospital (MUSH)			
Office Building		Warehouse		Hotel/Motel			
Other (<i>Provide Detail</i>)							
Premises: Owned		Leased □					
			Lea	sea 🗆			
Property Manager/Property							
Owner			Approx. SQ Foo	stage of			
Time remaining in Lease			Building	rtuge of			
Estimated number of Fixtures:							
Products							
	timate	ed Annual Hydro Cos	ets (Attach Rills)				
		ated Annual Gas Cos					
AUTHORIZATION	LSCIIII	ateu Alliluai Gas Cos	sts (Attuch bills)				
	T						
Site Address 1							
Contact Name at Site:							
contact Name at Site.							
Contact Phone Number							
Contact Frione Number							
Contact Email Address:							
Contact Email Address.							
Site Address 2							
Contact Name at Site:							
	1						
Contact Phone Number							
Contact Findic Number							
Contact Email Address:							
**Attach all bills associated with		tional Site addresse	s and email all f	orms and documents to:MER	 etrofitliahtina@Outloo		
Representative Name:				Phone:			

Email Address: _____