

To be completed by participant and Trade Ally

REMINDER: ALL PROJECTS MUST BE PRE-APPROVED BY TACOMA POWER BEFORE MATERIALS ARE ORDERED

Please fill in the highlighted fields.

Project ID
Staff Contact
Date Received

Participant Information

Project Name:			
Customer Name:			
Facility Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Customer Contact:	Title:		
Telephone:	Cell Phone:	Fax:	
Email:			
Which of the following best describes Participant?			
<input type="checkbox"/> Institution	<input type="checkbox"/> Management Company	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Building Use Type:		Non-profit or Government Entity?	

Facility Information

Square Footage Affected by Lighting Project:		(required)	
Facility Heating Fuel Type:		(required)	
Daily Occupied Hours			
Sunday	Thursday	Open Major Holidays?	Number of units:
Monday	Friday		
Tuesday	Saturday	Total Weekly Hours	Number of buildings:
Wednesday		Total Annual Hours	Number of floors:
			Year built:

Account Information

UBI # (Unique Business Identifier)	Connection Object	Rate Schedule
Account Number (required)		Permit Number

Project Information

Start Date	Estimated Completion Date
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Trade Ally Information

Company	Metro Group, LLC	Date	
Representative	Paul Koo	Title	Energy Program Director
Telephone	800-757-3469	Fax	888-887-0939
		Email	pkoo@ezmetro.com

Metro Group Lighting Project Agreement

As the Manager/Owner of the business, I authorize the lighting work to be performed at my business premise(s) exclusively by Metro Group, LLC and its affiliate(s), also I will direct my utility provider/rebate program sponsor to allow and authorize the work to be performed exclusively by Metro Group, LLC. In return, Metro Group, LLC is to conduct necessary work at No Cost to my business upon approval by my utility provider/rebate program sponsor and I will authorize & direct my utility provider/rebate program sponsor to issue all rebate/incentive funds and other available fund(s) payable to Metro Group, LLC for all related project(s) performed for my business.

Business Name: _____

Business Address: _____

Manager/Owner Name: _____

Contact Phone#: _____

Business Manager/Owner Signature

Date

Metro Group Representative

Date

For Metro Group Use Only						
Location Fixture Type						Total
1 Lamp x 4 Ft						
2 Lamp x 4 Ft.						
3 Lamp x 4 Ft.						
4 Lamp x 4 Ft.						
1 Lamp x 8 Ft.						
2 Lamp x 8 Ft.						
3 Lamp x 8 Ft.						
4 Lamp x 8 Ft.						
Exit Sign with bulb						
Incandescent Bulb						
MV/MH/HPS/HID						
Other Item						

*Program qualifications & pre-approvals are based on existing T12 lamps powered by magnetic ballast and per program guidelines.



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