



WORK ORDER

(To be completed before the Retrofit Measures are installed)

1. LDC INFORMATION:

LDC HST Registration No.:

Participant Account No. or
Facility Address and/or Participant ID:

2. PARTICIPANT INFORMATION:

Participant (Business) Name:

Address:

City: Postal Code:

Contact Name:

Contact Phone No.:

Alternate Phone No.:

Type of business:

Food Service

Service

Retail

Office

Other: please specify

Total square footage:

Peak demand (kW) (if available):

Annual electricity usage (kWh):

Facility ownership:

Owner

Tenant



3. BILLING ADDRESS: (complete only if different from Section 2)

Address:

City: Province: Postal Code:

4. FACILITY OPERATING SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open at:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Close at:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. ASSESSOR INFORMATION:

Assessor Name (Company Legal Name and Individual Name):

Phone No:

Assessment Date:

6. CONTRACTOR INFORMATION

Contractor Name (Company Legal Name and Individual Name):

Contractor HST Registration:

Contractor Phone No:

Date of Installation:

7. ELIGIBLE MEASURES

The following table sets out the proposed Retrofit Measures, the costs (which can be found at saveonenergy.ca) and the amounts covered by the LDC and/or Participant. The Participant agrees that it shall be liable directly to the LDC for the cost of any Eligible Measures installed where the total of the Direct Install Eligible Costs is in excess of \$1,000, excluding applicable taxes. Direct Install Eligible Costs may only be incurred for whole Eligible Measures and cannot be fractions of or part Eligible Measures. The Participant will be entitled to a discount on such Eligible Measures installed where the amount of the discount will be equal to the amount of the Standard Incentive and the maximum amount chargeable by the Contractor shall be capped at the Direct Install Eligible Cost (less the Standard Incentive). The Participant further agrees that the total cost of the Eligible Measures must be greater than \$300, excluding applicable taxes, based on Direct Install Eligible Cost.

The Direct Install Eligible Costs and the Standard Incentives can be found at www.saveonenergy.ca.



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Quantity of Eligible Measures less than \$1,000	Quantity Eligible Measures above \$1,000	Existing Equipment	Retrofit Measure	Direct Install Eligible Costs(\$/unit)	Standard Incentive (\$/unit)	Participant Contribution
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

A.	Direct Install Eligible Cost Payment (sum of Direct Install Eligible Costs)	\$ <input type="text"/>
B.	Standard Incentive Payment (sum of Standard Incentives)	\$ <input type="text"/>
C.	Contractor Payment (Sum of A. and B.)	\$ <input type="text"/>
D.	Sum of Participant Contributions	\$ <input type="text"/>
E.	Retrofit Cost (sum of C. and D.)	\$ <input type="text"/>



8. Other Activities

Please provide information on other Existing Equipment that was not retrofitted as part of this Work Order.

Item #	Existing Equipment	# of units	Proposed Retrofit Measures	# of units
1				
2				
3				
4				
5				
6				

All information in this Work Order is true, complete and accurate, and the Participant agrees that the LDC shall remove the Existing Equipment and install the Retrofit Measures identified in Section 7. The Participant has reviewed and agrees to be bound by the terms and conditions [in the Participant Agreement] [set out on reverse/below]

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**PARTICIPANT/LEGAL
COMPANY NAME**

AUTHORIZED SIGNATURE

DATE

--	--

NAME

TITLE

--	--

AUTHORIZED SIGNATURE

DATE

--	--

NAME

TITLE

I/we have authority to bind the Participant



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The Eligible Measures were installed in accordance with this Work Order on

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**PARTICIPANT/LEGAL
COMPANY NAME**

AUTHORIZED SIGNATURE

DATE

--	--

NAME

TITLE

--	--

AUTHORIZED SIGNATURE

DATE

--	--

NAME

TITLE

I/we have authority to bind the Participant