

Virginia Non-Residential Lighting Systems and Controls Program **REBATE APPLICATION**

APPLICATION CHECKLIST	Complete the checklist below and submit all required documents. Rebate cannot be processed with any missing information or blank fields. Who is submitting this rebate application? Customer Contractor I (YOUR INITIALS) HAVE READ THE INSTRUCTIONS AND TERMS AND CONDITIONS ON PAGE 1. Completed entire rebate application. Attached a copy of the dated invoice from the contractor who performed the work. Attached a copy of the invoice for any product purchased. Included the product specification sheet that has technical data and DLC listing or ENERGY STAR® rating verification for all lighting installations. 1. Email: NRLighting@Honeywell.com 2. Fax: 804-515-1587 3. Mail: Honeywell Smart Energy 7870 Villa Park Drive, Suite 800 Richmond, VA 23228												
	Service Name on Dominion Energy Account:				Dominion Energy Account Number:								
	Service Address:												
	City:	State:	Zip Code:		DED	ΛTE	DAV	N/I E I	NIT M	ETUO	n		
ALS	Key Contact Name:				REBATE PAYMENT METHOD								
DETAILS	mail Address:					I (Your Initials) understand that my rebate incentive in the amount of \$ will be paid							
	Phone Number:		directly to the contractor specified in this document and recognize that I have received the equivalent value										
CUSTOMER	Please select one: I own lease this non-residential facility.				of this amount through services provided, unless I check here to have the rebate check sent to me.								
SOC	The following question is optional: Did the relate inserting effered by Deminion Energy bays any influence in your decision to have the work performed?												
	Did the rebate incentive offered by Dominion Energy have any influence in your decision to have the work performed? Yes No By signing this application, I agree to the above terms and conditions. I certify that I am the Dominion Energy Virginia customer and owner or lessee of the business described												
	above, and that I am authorized to take action on the Dominion Energy account listed above.												
	Customer Name (please print) Customer Signature Date												
LS	Company Name: Technic					ian Name:							
CONTRACTOR DETAILS	Company Street Address					Service Date:							
ORL	City:						State: Zip Code:						
ACT	Company Phone:	Email Address:											
NTH													
S	Technician Signature												