



2010 LES SUSTAINABLE ENERGY PROGRAM
COMMERCIAL AND INDUSTRIAL ENERGY EFFICIENCY
LES GREEN CREDIT REIMBURSEMENT REQUEST

Form 868
02/01/2010

Date _____

- Program
Chiller/Air Conditioner
Compressed Air
VFD
Systems Commissioning
Premium Motor
EMS
Custom

Customer Information

Preauthorization # (provided by LES) _____

Business _____

Name _____

Address (address to which reimbursement check should be mailed) _____

City/State/ZIP _____

E-mail Address _____

Phone Number _____

LES Account # _____

LES Green Credit Preauthorization Request \$ _____

Customer Signature

Date

My signature hereby acknowledges that I have read, understand and agree to the terms and conditions of the Commercial and Industrial Energy Efficiency Program. I acknowledge that the information contained in this application is accurate and complete and adheres to the terms and conditions of the Commercial and Industrial Energy Efficiency Program. I understand that LES reserves the right to conduct on-site inspection of my facility to verify adherence to the program's requirements.

Fax, e-mail or mail to your business' assigned LES Account Executive
Fax: 475-0446 / Mail: LES, 1040 O Street, PO Box 80869, Lincoln, NE, 68501-0869

Internal Use Only: SID #

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