

Xcel Retro-commissioning (RCx) Program

APPLICATION

Commercial Customer Information

Company Name _____

Mailing Address _____ City _____ State _____ ZIP _____

Contact Name (PRINT) _____ Title _____

Phone _____ Email* _____

Owner's Representative (IF APPLICABLE) _____

Contact Name (PRINT) _____ Title _____

Phone _____ Email* _____

*By providing your email address, you are granting Xcel Energy permission to send further emails regarding our programs and services.

Facility Information

Facility Name	Facility Address	Building Type	Square Footage	Year Built	Premise Number(s)

The above information is submitted for the sole purpose of applying to participate in the Xcel Energy Retro-commissioning (RCx) Program. I hereby certify this information to be true and indicate my interest and willingness to participate in the program. I hereby agree to acknowledge facility's host customer about my participation in the Xcel RCx program and coordinate with the host customer to provide Xcel Energy or its designee access to the facility during normal business hours for the purpose of conducting site assessment or inspecting the installed equipment.

Customer Signature _____

Name (PRINT) _____ Title _____ Date _____

Letter of Authorization for the Request of Historical Usage Information Form

Date: _____ Expiration Date/Unlimited: _____

Please accept this letter as a formal request and authorization for Xcel Energy to release energy usage data, including kWh, kVA or kW, and interval data (if applicable) at the following location(s) to **Willdan Energy Solutions**. This information request shall be limited to no more than the most recent 12-month period of service. If the Premise Numbers are metered using an Interval Data Recorder (IDR), please indicate whether summary level and/or interval data is required.

Summary Billing Data Only Interval Data Only Both Summary and Interval Data

Please forward usage and Load information in electronic (Microsoft Excel) format to
E-mail: ldaniels@willdan.com

Service Address

Premise Number (found on bill)

AUTHORIZATION

I affirm that I have the authority to make and sign this request on behalf of my company for all Premise Numbers that are associated with this request.

(Signature)

(Company)

(Name, printed)

(Billing Street Address)

(Title)

(City, State, Zip Code)

(Telephone Number)