

2012 ILLINOIS CUSTOM SYSTEMS PROJECT PREAPPROVAL APPLICATION

ATTENTION
Photocopy this form and
save the original for future use or
download additional copies at
www.midamericanenergy.com/illinois_custom.

Complete both sides of this application.

Mail to: MidAmerican Energy Company, EnergyAdvantage Programs,
P.O. Box 17129, Des Moines, IA 50317 **or fax** to 515-564-1042.
Call 800-318-8915 with questions about the program.

My facility had an energy assessment in the following program (check if applicable):

- Nonresidential Energy Analysis/*EfficiencyPartners*[®] Multifamily Housing
 Small Commercial Audit/*BusinessCheck*[®] Agriculture

Date audit completed (month/year) _____

Customer Information

MidAmerican Energy account number (found on bill; first seven digits only) -

Installation address _____

City _____ State _____ ZIP _____

Company name on bill _____

Rebate check (if applicable) should be payable to _____

Mailing address _____

City _____ State _____ ZIP _____

Contact person _____ Title _____

Phone _____ Email _____

Customer Agreement (Signature required before application is processed.)

My signature indicates consent to and agreement with all program terms and conditions, certifies that all information on this application is correct, and that all of the listed new equipment has not been purchased or installed and operating at the indicated location.

Customer signature _____ **Date** _____

Facility Information (check one)

- Office Lodging Grocery Convenience Store Church
 Retail Warehouse School/College Multifamily Industrial/Manufacturing
 Fast Food Restaurant Health Care Other _____

Building size _____ sq. ft. (area) Do you: own or rent this building?

Year building was constructed _____

Facility Hours of Operation (circle a.m. or p.m.)

Monday - Friday _____ a.m./p.m. to _____ a.m./p.m.

Saturday _____ a.m./p.m. to _____ a.m./p.m.

Sunday _____ a.m./p.m. to _____ a.m./p.m.

Seasonal Operating Schedule (check one)

Summer only (June - Sept.) Year-round

Winter only (Oct. - May) Other _____

Equipment Hours of Operation (circle a.m. or p.m.)

Monday - Friday _____ a.m./p.m. to _____ a.m./p.m.

Saturday _____ a.m./p.m. to _____ a.m./p.m.

Sunday _____ a.m./p.m. to _____ a.m./p.m.

Planned Energy Efficiency Project (describe equipment/system to be replaced/upgraded and attach documentation)

This new custom equipment/system is:

- Replacement New construction New installation

Project Specifier/Contractor Information (engineer; architect; mechanical/electrical contractor; dealer; etc.)

Specifier company name _____

Address _____

City _____ State _____ ZIP _____ Fax _____

Contact person _____ Phone _____ Email _____

Specifier/Contractor Agreement

I certify that all equipment and installation information provided on this application is correct and accurate.

Specifier/contractor signature _____ **Date** _____

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Estimated Energy Savings (Calculations and documentation must be attached if available.)

Electricity

Summer peak demand reduction _____ kW
Annual energy reduction _____ kWh
Annual energy cost savings \$ _____

Natural Gas

Winter peak demand reduction _____ therms/day
Annual usage reduction _____ therms
Annual energy cost savings \$ _____

Custom Equipment Project Information (Use additional sheets if necessary.)

Describe the **existing equipment and/or system** to be replaced/upgraded.

MANUFACTURER	MODEL NO.	SIZE	EFFICIENCY RATING	QUANTITY	EQUIPMENT COST	INSTALLATION COST (LABOR)	EQUIPMENT LIFE (YRS.)

Written description:

Describe the **proposed standard-efficiency equipment and/or system** that could be installed.

MANUFACTURER	MODEL NO.	SIZE	EFFICIENCY RATING	QUANTITY	EQUIPMENT COST	INSTALLATION COST (LABOR)	EQUIPMENT LIFE (YRS.)

Written description:

Describe the **proposed high-efficiency equipment and/or system** that may be installed.

MANUFACTURER	MODEL NO.	SIZE	EFFICIENCY RATING	QUANTITY	EQUIPMENT COST	INSTALLATION COST (LABOR)	EQUIPMENT LIFE (YRS.)

Written description:

Other Custom Systems Project Information (Use additional sheets if necessary.)

Provide building or manufacturing systems or equipment information that does not fit into the tables above. Or, call MidAmerican Energy at **800-318-8915** to discuss your project and any information MidAmerican Energy might need to complete its review.

DISCLAIMER: MidAmerican Energy Company does not guarantee that installation and operation of energy-efficient equipment will result in reduced usage or in cost savings. The manner in which a customer uses and maintains energy-efficient equipment affects potential cost savings. MidAmerican Energy Company makes no warranties, expressed or implied, with respect to any equipment purchased or installed, including, but not limited to, any warranty of merchantability or fitness for a particular purpose. In no event shall MidAmerican Energy Company be held liable for any incidental or consequential damages or injuries resulting from defective equipment or installation. MidAmerican Energy Company reserves the right to cancel or change these programs at any time. MidAmerican Energy Company's acceptance of this application does not guarantee payment of rebate.

For MidAmerican Energy Use

Date received _____/_____/_____ Date approved _____/_____/_____ Equipment approved by _____

Incentive amount _____