

2009 Iowa Custom Systems Project Preapproval Application

Please complete both pages of this application and attach copies of invoices.

- Please choose one: I am applying for project **rebate** preapproval.
 I am applying for project **financing** preapproval.
 I am applying for combined **rebate** and **financing** preapproval.

ATTENTION DEALERS
Please photocopy this form and save the original for future use or download additional copies at www.midamericanenergy.com/custom.

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.

Customer Information

MidAmerican account number (found on bill) _____
Service 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 _____ E-mail address _____
Is company incorporated? Yes No
If choosing financing option: Name on loan application _____
Address on loan application _____
City _____ State _____ ZIP _____

Customer Agreement (signature required before application is processed)

My signature indicates consent to and agreement with all program terms and conditions; and certifies that all information on this application is correct; and that the described new equipment or systems have not been purchased or installed at the indicated location. I understand that MidAmerican reserves the right to inspect and verify installation before and after issuing the rebate payment.

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: (please 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 (please check one)

Summer only (June - Sept.) Year-round
 Winter only (Oct. - May) Other _____

Equipment Hours of Operation: (please 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 (please 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 _____ E-mail address _____

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.)

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 (Please use additional sheets if necessary.)

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

MANUFACTURER	MODEL #	SIZE	EFFICIENCY RATING	QUANTITY	EQUIPMENT COST	INSTALLATION COST (LABOR)	EQUIPMENT LIFE (Yrs.)

Written description:

Please describe the **proposed standard-efficiency equipment and/or system** that would be installed.

MANUFACTURER	MODEL #	SIZE	EFFICIENCY RATING	QUANTITY	EQUIPMENT COST	INSTALLATION COST (LABOR)	EQUIPMENT LIFE (Yrs.)

Written description:

Please describe the **proposed high-efficiency equipment and/or system** that would be installed.

MANUFACTURER	MODEL #	SIZE	EFFICIENCY RATING	QUANTITY	EQUIPMENT COST	INSTALLATION COST (LABOR)	EQUIPMENT LIFE (Yrs.)

Written description:

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

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

DISCLAIMER: MidAmerican 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 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 be held liable for any incidental or consequential damages or injuries resulting from defective equipment or installation. MidAmerican reserves the right to cancel or change these programs at any time. MidAmerican's acceptance of this application does not guarantee payment of rebate or acceptance of financing.

For MidAmerican Use

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

Incentive amount _____ Eligible for loan up to \$ _____