



Proposed by (Contractor) _____

Date _____

Lighting Retrofit Project Proposal Form

Project Name _____

Address _____

City _____

State WA

Zip Code _____

(Address for Incentive payment)

Business Name _____

Account No. _____

Mailing Address _____

City _____

State _____

Zip Code _____

Contact Person _____

Title _____

Phone _____

Email _____

Fax _____

Contractor Contact _____

Email Address _____

Contractor Phone _____

Cell Phone _____

Fax _____

Approx. Total Sq. Feet _____

Business Type _____

Operation Schedule

Develop Operation Schedule for areas with different hours of use.
(Example: Office 9 hrs/day Mon - Fri; Warehouse 8 hrs/day Mon - Sat)

Weeks Operated per Year _____

Open Major Holidays? _____

Yes

No

Hours of operation for different areas of the facility. Indicate area (A,B,C, etc.) in the Operating Schedule column on page two.

	A	B	C	D	E
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
Weekly Hrs					
Annual Hrs					

(Annual hours will be adjusted if the facility is not open major holidays)

Contact:

Mattias Jarvegren, Utility Services Advisor, Ph. 360.565.3263, Fx 360.452.9724, PO Box 1090, Port Angeles, WA 98362

