



Non-Residential Office and Building Optimization Program **CUSTOMER ELIGIBILITY FORM**

The Non-Residential Office and Building Optimization Program is open to Dominion Energy non-residential customer who is not exempt by statute, not under special contract, is responsible for the electric bill, and is the owner of the facility or reasonably able to secure permission to complete the measures. Please review the full program details on DomSavings.com.

If you are eligible and want to participate, we will need your utility account number(s). To help verify your eligibility, please complete this form and submit it to Optimization@Honeywell.com.

CUSTOMER INFORMATION			
Service Name on Dominion Energy Account:		Key Contact Name:	
Phone Number:		Email Address:	
CUSTOMER ELIGIBILITY SECTION			
Are you a Dominion Energy customer? Yes No		Please specify state:	Virginia North Carolina
Customer Signature:		Da	te:
CUSTOMER: Please provide the utility account numbers for all facilities participating in this program. Use another sheet if you have more entries.			
SHADED AREAS FOR INTERNAL PROGRAM USE ONLY			
1.	2.		3.
<500 kW>500kW	<500 kW>50	00kW	<500 kW>500kW
4.	5.		6.
<500 kW>500kW	<500 kW >50	00kW	<500 kW>500kW
7.	8.		9.
<500 kW>500kW	<500 kW >50	00kW	<500 kW>500kW
10.	11.		12.
<500 kW >500kW	<500 kW>50	00kW	<500 kW >500kW
13.	14.		15.
<500 kW>500kW	<500 kW >50	00kW	<500 kW>500kW
16.	17.		18.
<500 kW>500kW	<500 kW >50	00kW	<500 kW>500kW
19.	20.		21.
<500 kW >500kW	<500 kW>50	00kW	<500 kW >500kW

Continued next page







AUDIT PARTICIPATION SECTION (Optional)

COMPLETE THIS SECTION ONLY IF YOU ARE INTERESTED IN COMPLETING AN ENERGY AUDIT. Customers may be eligible to receive reimbursement to cover a portion of the audit cost if program criteria are met. Audit cost reimbursement will be paid with the rebate incentive after projects recommended in the audit have been installed and completed. Rebate and audit incentive cannot exceed 75% of the total invoice amount. Would you be requesting for an audit cost reimbursement? Yes No Please provide information in the table for each facility/utility account that will be participating in this program. Use another sheet if you have more entries. Size of Facility Do you have an existing direct Please provide the estimated audit **Utility Account Number** Facility Heating Fuel Type (in Sq. Ft.) digital HVAC control system? cost for each location, if applicable 1 Electric Gas Yes No 2. Electric Gas Yes l No Electric ☐ Gas Yes ☐ No 3. ☐ No 4. Electric Gas Yes Electric Gas Yes ☐ No 5. Electric ☐ No 6. Gas Yes 7 Electric Gas Yes No Electric Gas Yes ☐ No 8. Electric Gas ☐ Yes ☐ No 9. 10. Electric Gas Yes No ☐ No 11. Electric Gas Yes 12. Electric Gas ☐ Yes ☐ No 13. Electric Gas Yes □ No ☐ Yes ☐ No 14. Electric Gas Electric Gas ☐ Yes ☐ No 15. 16. Electric Gas ☐ Yes No ☐ Yes 17. Electric Gas No 18. Electric ☐ Gas ☐ Yes □ No Electric Gas Yes ☐ No 19. 20. Electric ☐ Gas Yes ☐ No Electric Gas | Yes No Total Sq Ft: Total estimated audit cost: What is the primary facility usage? Please select one. Education Elementary and Middle School Food Service Full Service Office Small (<40,000 sq ft) Education High School Health Care Inpatient Office Large (≥ 40,000 sq ft) Health Care Outpatient Public Assembly Education College and University Food Sales Grocery Mercantile Retail (not mall) Religious Worship Other: