

APPENDIX B: POST-ENERGY AUDIT SUBMISSION FORM

Complete a Post-Energy Audit Submission Form for each Facility and submit to the LDC within 150 days after the Energy Audit was completed. Please complete ALL fields below and ensure that each of the below items are attached.

- Completed and signed
 - Energy Auditor invoices
 - Invoices for Energy Auditor travel expenses
 - Energy Audit Report
 - Other additional evidence or supporting documentation, as may be applicable
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1) The Energy Audit described herein is to be completed in the service area of the

- Lead LDC Satellite LDC

Name of the LDC

2) Facility

Facility Name

Address

City

Province

Postal Code

3) Actual Energy Audit Timelines:

Actual Energy Audit Start Date (mm/dd/yyyy)

Actual Energy Audit Completion Date (mm/dd/yyyy)

4) Actual Energy Audit Costs:

ELECTRICITY SURVEY AND ANALYSIS COST (as set out in the Energy Auditor's invoice): \$

Amount Paid by Participant \$

DETAILED ANALYSIS OF CAPITAL INTENSIVE MODIFICATIONS COST (as set out in the Energy Auditor's invoice): \$

ESTIMATED BUILDING SYSTEMS AUDIT COST (as set out in the Energy Auditor's invoice): \$

Amount Paid by Participant \$

ENERGY AUDITOR TRAVEL EXPENSE PAID BY PARTICIPANT: \$

5) Comments

6) PARTICIPANT CERTIFICATION

The Participant is submitting this Post-Energy Audit Submission Form and all attachments hereto further to the below referenced Application and Participant Agreement. The Participant certifies that it has complied with all terms and conditions of the Participant Agreement, and that all information contained in this Post-Energy Audit Submission Form is true, complete and accurate.

I/We have authority to bind the Participant

LEGAL Name

Authorized Signature

Date

Name

Title

* please send an original copy with signatures to **Alectra Utilities Corporation**

7) FOR LDC USE ONLY:

Energy Audit Application Number:

HAS ENERGY AUDIT COMPLETION DATE PASSED: Yes No

Approved PARTICIPANT Incentives

APPROVED BY:

LDC Authorized Signature

Date

Name

Title

LDC Authorized Signature

Date

Name

Title