



## SOLAR THERMAL CERTIFICATE OF COMPLETION

**INSTALLATION INFORMATION** - No Owner Installed Systems are Eligible for rebate (see Program Summary for clarification)

Customer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Facility (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ Telephone (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Plumber Information

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ Telephone (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

License Number: \_\_\_\_\_

Project Approval Date: \_\_\_\_\_

Application Number: \_\_\_\_\_

### LOCAL BUILDING OR PLUMBING INSPECTION

The system has been installed and inspected in compliance with the local Building Code of the applicable City or Town of the end-user.

Approved:

Building / Plumbing Inspector \_\_\_\_\_

Light Department Manager: \_\_\_\_\_

Town of: \_\_\_\_\_

Town of: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

