

Non-Residential Office Program CUSTOMER ELIGIBILITY FORM

The Non-Residential Office 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 DominionEnergy.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 NROffice@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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify state: <input type="checkbox"/> Virginia <input type="checkbox"/> North Carolina
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Please provide the utility account numbers for all facilities participating in this program. Use another sheet if you have more entries.

1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>	4. <input type="text"/>
5. <input type="text"/>	6. <input type="text"/>	7. <input type="text"/>	8. <input type="text"/>
9. <input type="text"/>	10. <input type="text"/>	11. <input type="text"/>	12. <input type="text"/>
13. <input type="text"/>	14. <input type="text"/>	15. <input type="text"/>	16. <input type="text"/>
17. <input type="text"/>	18. <input type="text"/>	19. <input type="text"/>	20. <input type="text"/>

Customer Signature: _____ Date: _____

AUDIT PARTICIPATION SECTION (Optional)

Complete this section only if you are interested in completing an energy audit.

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.

Utility Account Number	Size of Facility (in Sq Ft)	Facility Heating Fuel Type	Do you have an existing direct digital HVAC control system?
1. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No

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AUDIT PARTICIPATION SECTION (Continued)

Complete this section only if you are interested in completing an energy audit.

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.

Utility Account Number	Size of Facility (in Sq Ft)	Facility Heating Fuel Type	Do you have an existing direct digital HVAC control system?
9. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. <input type="text"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Sq Ft:			

What is the primary facility usage? Please select one.

- | | | |
|---|---|--|
| <input type="checkbox"/> Education Elementary and Middle School | <input type="checkbox"/> Food Service Full Service | <input type="checkbox"/> Office Small (<40,000 sq ft) |
| <input type="checkbox"/> Education High School | <input type="checkbox"/> Health Care Inpatient | <input type="checkbox"/> Office Large (≥ 40,000 sq ft) |
| <input type="checkbox"/> Education College and University | <input type="checkbox"/> Health Care Outpatient | <input type="checkbox"/> Public Assembly |
| <input type="checkbox"/> Food Sales Grocery | <input type="checkbox"/> Mercantile Retail (not mall) | <input type="checkbox"/> Religious Worship |
| <input type="checkbox"/> Other: _____ | | |

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?

Please provide the estimated audit cost for all locations, if applicable.

Yes No