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Rev. 03

Solar Thermal Incentive Program Change Request Form

Date _____ 4 Digit Installer # _____ 5 Digit Application # _____

Indicate Reason for Request: Change Order _____ Cancellation _____ Extension Request _____

Will project use GJGNY financing? _____ No _____ Yes (If yes, submit a new ProForma Tool)

Reason for Change/Cancel/Extension _____

COMPLETE THE SECTION BELOW ONLY IF THIS IS A CHANGE ORDER

NEW SYSTEM

Domestic Hot Water Displaced by ST		kWh	*Fuel Type _____	
Total Price	\$		*Is this an OG-300 System? <input type="checkbox"/> yes <input type="checkbox"/> no	
NYSERDA Incentive	\$		*Is an additional incentive requested? <input type="checkbox"/> yes <input type="checkbox"/> no	
Equipment:				
	Quantity	Cost	Manufacturer & Model Number	
Solar Water Tanks		\$		Gallons
Solar Water Collector		\$		
Other		\$		

To accept , sign below and return.

Contractor Signature _____ Date _____
 If executed by Installer, Contractor certifies that Installer is authorized by Contractor to do so.

Customer Name _____

Customer Signature _____ Date _____

For NYSERDA use only. Approved in PC by _____ Date _____	PO # _____ Original PO Amount: _____ Amount of Increase: _____ New PO Amount: _____ Fund Code _____
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