

**Custom Retrofit
Application**



FORM COMPLETED BY

Name	Project Role Owner Trade Ally Other	Phone Number
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CUSTOMER CONTACT INFORMATION

Customer Name (legal entity)	Project Name (if different)		
Customer Contact	Email Address		
Phone Number	Tacoma Power Account Number	UBI Number	
Project Address	City, State		Zip
Mailing Address	City, State		Zip

TRADE ALLY (CONTRACTOR) INFORMATION

Company Name	Mailing Address	City, State	Zip
Primary Contact	Email	Phone	

DESCRIPTION OF PROPOSED PROJECT

In the space below please give a detailed description of the project; including model numbers of equipment you plan to install (if known).

Submit the completed application and any project documentation to your Tacoma Power representative for review.

MAIL _____ **FAX** _____ **EMAIL** _____

C/I RETROFIT
Tacoma Power CEP 4SE
P.O. Box 11007 Tacoma, WA 98411

(253) 502-8276
Attn: C/I RETROFIT

power@cityoftacoma.org
Subject: C/I RETROFIT