Program Mana Pasadena Sola				
Pasadena Wate				
	Robles Ave. Suite 200			
Pasadena, CA	91101			
that the payme and payment s designated bel	ed Host Customer and System Owne ent of the incentive check for PSI Apphall be made toow rather than toApplication Request form.	plication #		shall be reassigned
shall remain th	ed restate and affirm that all the term neir sole responsibility, and shall be a ntained therein.			
Designated rec	cipient of PSI incentive rebate check:			
Company				
C/o				
Address				
City, State				
Phone		Fax Number		
Email		Federa	ıl Tax ID	
HOST CUSTOMER		SYSTEM OWNER		
Signature		Signature:	OTOTEM	OWNER
Name		Name		
Title:		Title:		
Date:		Date:		
(EODMED DE	-			
FORMER DE	SIGNATED RECIPIENT OF PSI INCEN	TIVE CHEC	K (IF APPL	ICABLE)]
Company:	SIGNATED RECIPIENT OF PSI INCEN	TIVE CHEC	K (IF APPL	<u>ICABLE)]</u>
		TIVE CHEC	K (IF APPL	ICABLE)]
Company:		TIVE CHEC	CK (IF APPL	ICABLE)]
Company: Name Printed		TIVE CHEC	CK (IF APPL	ICABLE)]
Company: Name Printed Signature:		TIVE CHEC	CK (IF APPL	ICABLE)]
Company: Name Printed Signature: Date:	d:	TIVE CHEC	CK (IF APPL	ICABLE)]

Date: