Third Party Payment Addendum

For work completed in RMP Territory



Instructions

This form must be completed and signed if you are a property owner, landlord, property management company or homeowner association not listed on the account where qualified equipment was installed or services performed and you would like the incentive check(s) to be made payable to you. This form must also be submitted if you are the property owner and would like to assign payment either to a homeowner (if different than account holder) or a contractor.

Third party entities should review and complete the appropriate option below and submit the completed addendum and all required documentation with the incentive application for verification.

Need help completing this form? Call 1-888-221-7070 for assistance.

Option 1: For property owners, landlords and homeowners not listed on account

Instructions

Property owner or landlord must complete the information below and provide a copy of the current property tax record clearly showing the following:

- Date of report
- Property's physical address (must match installation address below and on incentive application)
- Full name of property owner/landlord (Individual or business; must match name printed below)

if the property tax records show the owner of	the property to be a busine	ess, a completed and signed w-	9 (<u>www.irs.gov/pub/irs-</u>		
pdf/fw9.pdf) must also be submitted.					
Installation address					
Name on account					
Installation address	City	S tate	Zip		
Property owner/landlord information					
Individual or business name					
Business representative (if applicable)					
Mailing address	City	State	Zip		
E-mail address	Daytime phone number				
Completed W-9 attached (if payment is to be r	nade payable to a business	s): 🗆 Yes 🕒 No			
(Optional) I would like to make the incentive j	payable to homeowner list	ed below: ☐ Yes ☐ No			
Homeowner information (if different than	ı property owner, such a	as some mobile homes)			
Individual or business name					
Business representative (if applicable)					
Mailing address	City	State	Zip		
E-mail address	Daytime phone number				
Completed W-9 attached (if payment is to be r	nade payable to a business	s): 🗆 Yes 🗆 No			
Property owner/landlord certification					
I hereby certify that all information is accurate ownership. I have read all terms and condition acknowledge that Rocky Mountain Power may	ons on the applicable Watts	smart* Homes Program incentive	1 1 1		
Signature		Date			

Option 2: For property management companies

Instructions

Property management companies can verify or update their existing landlord accounts or create new landlord accounts by calling Rocky Mountain Power customer service at 1-888-221-7070.

If there are individual tenant units not on an existing landlord account, you as a property management company can still direct payment to you by completing the information below and providing a letter <u>from the current Rocky Mountain Power account holder</u> authorizing incentive payment to the property management company and a completed and signed W-9 (<u>www.irs.gov/pub/irs-pdf/fw9.pdf</u>).

Installation address (Attach list of additional individual)	ual account holders and installation add	resses)	
Name on account			
Property name			
Installation address	City	_ StateZij	p
Property management company information			
Property management company name			
Representative name			
Mailing address	_ City	State	_ Zip
E-mail address	Day time phone number		
Completed W-9 attached: ☐ Yes ☐ No			
Signed letter from account holder attached: \square Yes	□ No		
Property management company certification			
I hereby certify that all information is accurate, include ownership. I have read all terms and conditions on a acknowledge that Rocky Mountain Power may verify	the applicable Wattsmart® Homes Progr		
Signature		_ Date	
Option 3: Forhomeowner associations			
Instructions			
Homeowner association representative must complete Homeowners Association with the state and a complete	<u>-</u>		9
Installation address (Attach list of additional individ	ual account holders and installation add	resses)	
Name on account			
Installation address	_ City	_ State	_ Zip
Homeowner association information			
Homeowner association name			
Representative name	Homeowner association number		
Mailing address	_ City	_ State	_ Zip
E-mail address	Day time phone number		
Completed W-9 attached: Yes No Homeowner association certification			
I hereby certify that all information is accurate, include ownership. I have read all terms and conditions on acknowledge that Rocky Mountain Power may verify	the applicable Wattsmart* Homes Progr	•	
Signature	Date		

Instructions

Account holders have the option of completing the Third-Party Payment Addendum for assigning payments to a contractor by completing the information below. The account holder and the contractor must both authorize incentive payment, and the contractor must submit a completed and signed W-9, unless already submitted during trade ally enrollment (www.irs.gov/pub/irspdf/fw9.pdf).

Installation Address			
Name on account			
Property name (if applicable)			
Customer Email Address			
Installation address	City	State	Zip
Contractor Information	,		·
Contractor name (must match contractor's su	ubmitted IRS Form W-9)		
Full mailing address			
E-mail address			
Daytime phone number Completed W-9 attached: ☐ Yes ☐	No		
Authorized Representative Certification	n		
I hereby certify that all information is accurat read all terms and conditions on the applicab may verify all the information provided.		• •	· · ·
Account Holder Printed Name	Signature		Date
Contractor Printed Name	Signature		Date

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