

Custom Performance Program

Payment Assignment Form

(This form is required only for third party payment assignments)

Project # _____

Project Information: (LADWP Customer of Record Information Section)

LADWP Customer of Record Account Number: _____

LADWP Customer of Record Name: _____

LADWP Customer of Record Address: _____

LADWP Customer of Record Contact Name: _____

Contact Phone Number: _____

Assignment Request:

I, _____, the designated payee or authorized representative of the payee, hereby assign the right to receive payment for the above noted rebate under the Custom Performance Program indicated above to the following individual or entity:

Rebate Check Payable to:

Name: _____

Address: _____

Phone: _____

** Name and Address Must Match
Name and Address listed on W-9*

I request the payment be forwarded to this individual or entity at the address noted and that proof of payment be forwarded to me.

Acknowledgement

LADWP will send an IRS Form 1099 to the recipient of the rebate check and report to the IRS those recipients with cumulative rebate totals of \$600 or greater.

Completed form should be emailed to custom@ladwp.com

Executed on: _____

Signature: _____

Print Name: _____

Title: _____