



FOOD SERVICE PROGRAM

CUSTOMER INFORMATION

LADWP Customer of Record (Name as it appears on the LADWP bill)	LADWP Account Number
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Installation Address

City	State	Zip Code
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EQUIPMENT REBATE(S)

Not all equipment qualifies. Please refer to <http://www.ladwp.com/foodservice> for a complete list of qualified products. Measures may not be applied for nor may Applicant receive rebates from multiple LADWP energy efficiency programs for the same measure.

	Install Date (mm/dd/yy)	Equipment Type	Manufacturer	Model Number	Serial Number	Unit of Measure	Number of Units [A]	Rebate per Unit [B]	Total [A X B]
<i>Sample</i>	11/25/2022	Convection Oven	ACME	BC-123	ABC123XR	EACH	1	\$750	\$750
Total Equipment Rebate Due									

APPLICATION PROCEDURES

1. Read the Terms and Conditions for the Food Service Program (FSP).
2. Purchase and install your qualifying energy efficient product(s).
3. Submit all required forms via email to foodservice@ladwp.com, or mail to:

LADWP Rebate Processing Center
ATTN: FOOD SERVICE PROGRAM
 111 N. Hope St., JFB Room 1057, Los Angeles, CA 90012-2607

The FSP application package includes:

- Completed and signed Distributed Energy Solutions Non-Residential Program application Part A
- Completed Food Service Program form Part B
- Completed and signed IRS Form W-9 for the legal entity that will receive the rebate payment
- Paid Invoice(s) for newly purchased equipment, detailing date of purchase, customer name, delivery address, equipment make and model and total cost.
- Photos of the newly installed equipment, including the products' serial numbers.

PAYMENT ASSIGNMENT REQUEST (IF APPLICABLE)

Skip this section if rebate check will be made payable to account holder.

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

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

Rebate Check Payable to:

Name:

Address:

*Name and address must match name and address listed on W-9

Phone

Date:

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.

Print Name	Print Title	Signature	Date
		X	