

Solar Rooftops Program Application



Application Information

App# (office use only)

SECTION 1: LADWP ACCOUNT AND PROPERTY INFORMATION

LADWP Account Holder Name:

LADWP Account Number:

LADWP Service Address:

City:

ZIP Code:

Daytime Phone Number
() -

Email:

Eligible homes must be owner - occupied.

Yes, I own my home.

Eligible homes must be single family residences.

Yes, my home is a single family residence.

How did you hear about the program?

Social Media

Email

Flyer

Community Group(s)

Postcard

Neighborhood Council

Other _____

SECTION 2: SOLAR ROOFTOPS PROGRAM

How many stories is your home?

One (1) story

Two (2) stories

Three (3) stories or more

Who is the best person to contact for your home evaluation?

Contact's Daytime Telephone Number () -

Best Time to Call:

8-10am

10am-12pm

12pm-3pm

3-5pm

SECTION 3: CUSTOMER AGREEMENT

By submitting this Solar Rooftops Program Application, I certify that the information I have provided is true and correct. I have read and met all program requirements per the SRP Guidelines. I authorize LADWP to perform a jointly scheduled site inspection of my home in order to finalize my eligibility status. I will provide a safe working environment for LADWP to perform a site evaluation(s), and I understand that an Application submission does not guarantee program participation.

Print LADWP Account Holder (Applicant) Name

Signature (Applicant)

Date

Mail your application to:

LADWP Solar Rooftops Program Manager
111 N. Hope St., Room 968
Los Angeles, CA. 90012

For more information, email us at: CSP@ladwp.com, or call our CSP Hotline at (866) 484-0433.