



Services of the San Francisco
Public Utilities Commission



Due to the retirement of PowerClerk on January 1, 2022, GoSolarSF is now processing outstanding rebate reservations i.e. Project Completion Packages / Incentive Claims using the below form.

Please email this form to GoSolarSF@sfgwater.org with the subject line "Submission of Project Completion Form, Application number HHP-X (use your application number). Should you rather not email any data due to web security concerns, contact the GoSolarSF team and we will provide you with a secure link for uploading that data.

| PROJECT COMPLETION INCENTIVE PAYMENT REQUEST FORM | |
|--|--|
| Section 1: Claim Form | |
| GoSolarSF Application No. | |
| Project Completion Date | |
| Requested Incentive payment | |
| Incentive Claim Submission Date | |
| Documents Included | <input type="checkbox"/> PTO - Required <input type="checkbox"/> W9 - Required only if Host Customer is Payee <input type="checkbox"/> Change Order – Required only if applicable <input type="checkbox"/> New Energy Bill - Required if new construction <input type="checkbox"/> Payment Designation form – Required if Payee changing |
| Installer Certification | <input type="checkbox"/> Incentive claim submitted without change <input type="checkbox"/> Incentive claim submitted with change (Indicate all changes below in Section 2, Change Form below) |
| DATE | NAME, and SIGNATURE |
| Section 2: CHANGE FORM | |
| <p>INSTRUCTIONS: When submitted incentive claim form for projects that deviate from the current approved application and reservation, indicate below only those items that have changed. DO NOT fill in items that have not changed (please leave those blank).</p> | |
| HOST CUSTOMER | |
| Company Name | |
| Contact Person Name | |
| Contact Person Title | |
| Mailing Address | |



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| | | | |
|---|--|---------------|------------------|
| City, State, Zip | | | |
| Email | | | |
| Business Phone | | | |
| SITE OWNER | | | |
| Company Name | | | |
| Contact Person Name | | | |
| Contact Person Title | | | |
| Mailing Address | | | |
| City, State, Zip | | | |
| Email | | | |
| Business Phone | | | |
| PAYEE | | | |
| Company Name | | | |
| Contact Person Name | | | |
| Contact Person Title | | | |
| Mailing Address | | | |
| City, State, Zip | | | |
| Email | | | |
| Business Phone | | | |
| APPLICANT | | | |
| Company Name | | | |
| Contact Person Name | | | |
| Contact Person Title | | | |
| Mailing Address | | | |
| City, State, Zip | | | |
| Email | | | |
| Business Phone | | | |
| PROJECT SITE INFORMATION / ELECTRIC UTILITY SERVICES | | | |
| Address | | | |
| City, State, Zip | | | |
| County | | | |
| Service Account Number | | | |
| Meter Number(s) | | | |
| EQUIPMENT INFORMATION | Manufacturer: | Model: | Quantity: |
| PV Modules | | | |
| Inverters | | | |
| CEC-AC System Rating kW | | | |
| System Orientation | <input type="checkbox"/> Fixed <input type="checkbox"/> Single-Axis Tracking <input type="checkbox"/> Dual-Axis Tracking | | |
| Estimated Annual Energy Production kWh/yr | | | |



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| | |
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| Other significant changes (Please describe) | |
| PROJECT INCENTIVE CALCULATION | |
| CEC-AC System Rating | |
| Design Factor | |
| Incentive Type | |
| Incentive Details | |
| Requested Incentive Amount | |
| Total System Cost | |
| | |
| BELOW IS FOR SFPUC USE ONLY | |
| Approvals / Reviews | Name and Date |
| Payment Approval | |
| Payment Processing Review #2 | |
| Payment Processing Review #1 | |
| | |
| Submitted to Accounting Date | |
| | |
| Approved Payment Amount | |
| | |
| Other Info / Status | |
| Supplier ID/Voucher # | |
| Check Number | |
| Check Date | |
| | |
| Project Status Change | Date |
| Completed | |
| *Incomplete | |
| *Cancel | |
| *Denied | |
| *Expired | |
| | |
| Communications | |
| *Correspondence Letter Issued | <input type="checkbox"/> Incentive Claim Incomplete <input type="checkbox"/> Incentive Claim Cancelled <input type="checkbox"/> Incentive Claim Denied <input type="checkbox"/> Incentive Claim Expired |