

111 West Franklin Street Bloomfield, lowa 52537 Phone: (641)664-2260 Fax: (641)664-2445

Energy Independence Financing - Pilot Program

Financing Request

| NAME: | | | |
|---|---------------------------------|--------------|-------|
| SERVICE ADDRESS: | | | |
| | | | |
| CITY: | STATE: | ZIP+4: | |
| Towns of Fourier and /Adams and hairs lands | - U. d. Barret I france Arrane | 184 | |
| Type of Equipment/Measures being Insta Please provide a summary of improveme | | | 1/or |
| equipment and supply pricing must be pr | | | וטיענ |
| equipment and supply pricing must be pr | Tovided along with this illianc | ing request. | |
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| CONTRACTOR NAME(S): | | | | | |
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| Amount to be Financed: | | | | | |
| If this financing request is app and installed with the reques origination/administration fe | ted finar | | | | nipment/Measures to be acquired be included in the |
| Applicant Name (Printed): | | | | | |
| Applicant Signature: | | | | _ | Date: |
| | dependei | FOR nce Checklist | CITY USE and Documer | ntatior | n provided by Customer) |
| Date Application Reviewed:_ | | | | | |
| Reviewer Comments: | | | | | |
| Reviewer: | | | | | |
| Recommended to Council: | | Yes | | | No |
| Date Presented to Council: | | | | | |
| Approved by Council: | П | Yes | | | No |

| Date of Work Completion Notice: | | | | | | | |
|--|--|--|--|--|--|--|--|
| Date/Time of Work Inspection*: | | | | | | | |
| | | | | | | | |
| Inspection* Comments: | | | | | | | |
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| Inspection Approved*: | | | | | | | |
| Inspector Name (Please Print): | | | | | | | |
| Inspector Signature: Date: | | | | | | | |
| * Inspection is of the limited purpose of verifying that the Equipment/Measures for which the financing is requested have been installed. The inspection does NOT review, evaluate or assess safety, fitness for its intended purpose, or compliance with any applicable city, state or federal rules, regulations, or other standards regarding the Equipment/Measures and installation and operation thereof. The City and its | | | | | | | |
| officials, employees and agents make no representation regarding safety, fitness for its intended purpose, or compliance with any applicable city, state or federal rules, regulations, or other standards | | | | | | | |
| regarding the Equipment/Measures and installation and operation thereof. | | | | | | | |
| Date of Check Issued: | | | | | | | |
| Check Payee: | | | | | | | |
| Amount of Check: | | | | | | | |
| Check Issuer: | | | | | | | |